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ABSTRACT

This curriculum represents the current approach to prevention education about sexually transmitted diseases (STD) for students in grades 7-12, combining health messages about STD, including HIV/AIDS, into one curriculum. The instructor's guide discusses adolescents' need for STD/HIV prevention education; presents information about the effectiveness of STD prevention and goals and implementation strategies for school STD/HIV prevention education; and offers and selected information resources. Two lesson plans (one for five sessions and one for eight sessions) are presented. Next, the manual highlights 19 learning opportunities (e.g., identifying STD/HIV issues, dating and avoiding STD/HIV, resisting negative peer pressure, STD/HIV support and help sources, and Internet STD/HIV advice council). The learning opportunities are intended to reinforce the health-enhancing attitudes, behaviors, and skills emphasized in the student manual. The final section presents five types of test questions: true/false, multiple choice, short answer, essay, and life situations. Two appendixes offer handouts (sources of STD/HIV help, STD/HIV summary sheet, and guidelines for correct condom use) and worksheets (e.g., identifying STD/HIV issues, spread of STD/HIV opinion, choosing abstinence, and barriers to condom use). (SM)

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STDs & HIV

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A Guide for Today's Teens

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2nd Edition

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INSTRUCTOR'S GUIDE

STDs & HIV

A Guide for Today's Teens

2nd Edition
Instructor's Guide

William L. Yarber
Indiana University

Sponsored Jointly
by
American Association for Health Education
American Alliance for Health, Physical Education,
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and the

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The Rural Center for AIDS/STD Prevention (RCAP) is a joint project of Indiana University, Purdue University, and Texas A&M University. The major focus of RCAP, headquartered at Indiana University, is the promotion of HIV/STD prevention in rural America.

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PREFACE

This curriculum represents the current approach to prevention education about sexually transmitted diseases. That is, health messages concerning STDs including HIV/AIDS are combined into one curriculum, thus eliminating the need for teachers to present STD education and HIV/AIDS education separately.

The instructor's guide has been prepared to complement the student manual, *STDs and HIV: A Guide for Today's Teens*. The guide begins with discussion of the need of adolescents for STD/HIV prevention education followed with information concerning the effectiveness of STD prevention, the goal and implementation strategies for school STD/HIV prevention education, and selected information resources. Chapter 2 presents the choice of two lesson plans, one for five sessions and the other for eight sessions. Chapter 3 presents 19 learning opportunities. The learning opportunities are designed to reinforce the health-enhancing attitudes, behaviors and skills emphasized in the student manual. Five different types of test questions are in Chapter 4. Appendix A contains handouts which can be reproduced for students, and Appendix B contains student worksheets for use with each learning opportunity.

This curriculum was written to be accepted by a broad spectrum of communities. Efforts were made to discuss the material discreetly and tactfully, as well as scientifically and objectively.

This curriculum is designed for grades 7-12, although it may be useful for young adults above grade 12.

Chapter 1
STD/HIV Prevention Education

Sexually transmitted diseases (STDs), including human immunodeficiency virus or HIV infection, are among our nation's most severe health problems. The number of cases of STD/HIV is increasing in the United States and many nations of the world. STD/HIV can cause death and lasting body damage, such as sterility, cancer, blindness, and heart disease. However, STDs are "hidden epidemics." That is, many Americans do not know how serious the STD epidemics are in the U.S., many STDs do not have early symptoms, and stigma impedes open discussion about STDs. These are major reasons why STDs are so common in the U.S.

STD/HIV can be prevented by avoiding behavior that results in infection. Individuals must be informed about which personal actions result in infection and must be motivated to avoid those behaviors. Prevention education is an effective force in combating STD/HIV. The challenge is to provide quality, timely prevention education.

This curriculum uses the term, sexually transmitted diseases or STD. Another term, sexually transmitted infections, or STI, has emerged and is used by some health professionals. Many of these people believe that "infections" is less judgmental than "diseases." Someday, STI may be the predominant term. However, given that STD remains the most frequent term used by the federal government and most persons in the field, and that STD is more recognizable to teenagers, this curriculum will use STD.

Adolescents: A Critical Prevention Target Group

As discussed in the STD FACT #1 in the student manual, teenagers are at high risk for STDs with one-fourth of new STD cases in the U.S. occurring in teenagers. Every year about one in four sexually active teenagers gets an STD. Half of all new HIV infections occur in people under age 25. Because of the high prevalence of STDs among teenagers, major prevention education efforts should be directed toward them. A national survey of teenagers and parents found that STD/HIV were their number one concern among several health issues facing young people.[1]

Many teenagers are at risk because they practice certain high risk behaviors, have several partners over time, and select high risk partners. The national Youth Risk Behavior Survey (YRBS), conducted biannually by the Centers for Disease Control and Prevention, measures six categories of health-risk behaviors among 9-12 graders, including behaviors that contribute to STD/HIV. The results of the latest YRBS (2001) reveals the prevalence of several STD/HIV risk behaviors, such as:

- Forty-six percent of students reported having had sexual intercourse during their lifetime.
- Thirty-three percent of students had sexual intercourse during the past three months.
- Fourteen percent of students reported having had sexual intercourse with four or more parners during their lifetime.
- Forty-two percent of students who reported being currently sexually active also reported *not* using a condom during their last sexual intercourse.[2]

A national survey of teenagers, aged 12-17, conducted by the Kaiser Family Foundation and *seventeen* magazine revealed important issues related to STDs. The survey found that:

- Over half of the teenagers said that STDs and HIV/AIDS are big problems facing people their age.
- Three-quarters underestimated the number of teens with STDs.
- Two-thirds of sexually active teenagers aged 15-17 were personally worried about becoming infected with STD/HIV.
- Almost a third thought that they would know if they had an STD, even if they were not tested.
- Almost a third thought they would know if someone they were dating had an STD.

- One of five believed that one does not need to worry about STDs unless they have sex with many partners.
- Even though most of the teens learned about STDs at home or school, or from friends, half or more wanted more information about: how to know whether you have an STD, how to protect yourself, the available treatments, what happens during testing, and where to go for testing. More than four of ten wanted to know more about: how to talk about STDs with a partner and how to talk about STDs with a parent.
- About one-third either did not know or did not believe that infertility can be a consequence of STDs.
- Concerning why teens are not tested for STDs, more than three-quarters indicated: afraid their parents will find out they are having sex and afraid of what people will think. About half indicated: don't think they are at risk.[3]

A recent Kaiser Family Foundation national survey concerning school sexuality education found that most students (7th-12th graders) indicated that they need more information about sexual health issues than they receive in school, despite having had school sexuality education.

- Half or more wanted more information about: how to get tested for HIV/AIDS and other STDs, and information about STDs other than HIV/AIDS.
- More than forty percent wanted more information about: HIV/AIDS, how to talk with a partner about birth control and STDs, how to talk with parents about sex and relationships, and how to deal with peer pressure to have sex.
- Thirty percent wanted more information about: how to use condoms.[4]

Leading sexuality education researcher Douglas Kirby reviewed numerous studies on adolescent sexuality and HIV/sexuality education programs designed for young people through the National Campaign to Prevent Teen Pregnancy. Risk and protective factors for adolescent sexual risk-taking were identified, including:

- Peer sex-related contraceptive use norms and behavior affected the adolescent's sexual and contraceptive behavior. An adolescent's partner's support for contraception similarly affected the individual's use of contraception.
- Adolescents who felt connected to their parents were less likely to engage in sexual risk-taking. Also, the adolescent's family values related to sexual behavior and contraceptive use impacted the adolescent's behavior.
- The adolescents' emotional well-being, the nature of their relationship with romantic partners, history of sexual abuse, and their own sexual attitudes, beliefs, skills, and motivations affected their sexual and contraceptive behavior.
- Engaging in other problem or risk behaviors impacted their sexual or contraceptive behavior.
- Attachment to school and religious institutions affected their sexual or contraceptive behavior.[5]

These reports reveal the need for quality, timely STD/HIV prevention education for teenagers and provide direction for instructional emphasis. This curriculum addresses the important findings of each of these reports.

STD/HIV Prevention Works

The U.S. Public Health Service Centers for Disease Control and Prevention (CDC) states in its report, *HIV Prevention: Now More Than Ever,*[6] that overwhelming scientific evidence proves that HIV prevention efforts have saved countless lives, both in the U.S. and throughout the world. For example, prevention efforts have slowed the rate of new infections in the U.S. from over 150,000 per year in the late 1980's to 40,000 today. CDC concludes that prevention remains the best and most cost-effective approach to bringing the HIV/AIDS epidemic under control.

Numerous studies have shown that quality HIV/STD prevention education can reduce risk behavior. Several reports have synthesized the results of the studies. For example, a Joint United Nations

Programme on HIV/AIDS review of worldwide sexual health education programs for children and young people found that good quality programs protected sexually active youth from STD/HIV, delayed the onset of sexual intercourse, and did not increase sexual activity. The review concluded that responsible and safe behavior can be learned, and that sexual health education is best started before the onset of sexual activity.[7]

Kirby's review of sexuality/HIV education programs found that many quality programs delayed the onset of intercourse, reduced the frequency of intercourse, reduced the number of sexual partners, and increased the use of condoms and other forms of contraception. The most successful programs shared common characteristics, including:

- Based on theoretical approaches scientifically shown to influence other health-related behavior and target specific important sexual antecedents.
- Focused on one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
- Delivered and consistently reinforced a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception. This appeared to be one of the most important traits distinguishing effective from ineffective programs.
- Provided basic, accurate information about the risks of teen sexual activity and how to avoid intercourse or use methods of protection against pregnancy and STDs.
- Included activities that address social pressures that influence sexual behavior.
- Provided examples of and practice with communication, negotiation, and refusal skills.
- Employed teaching methods that involved the participants and had them personalize information.
- Incorporated behavioral goals, teaching strategies, and materials that were appropriate to the age, sexual experience, and culture of the students.

The report also noted the importance of teacher commitment to the program, teaching preparation, and sufficient length of the educational program.[5] This identification of the traits of the successful programs provides valuable information for the development of effective HIV/STD prevention education programs for young people, including this curriculum.

Parents Support School STD/HIV Prevention Education

CDC states that school-based programs should reach youth before risk behaviors are established.[8] The school can play a major role in national STD/HIV control efforts since no other aspect of life reaches young people like schools do. Nearly all young people will receive STD/HIV information if it is available in schools. Almost all schools teach about STD/HIV. National studies have shown that over ninety percent of health education courses required by states include STD/HIV information and that over ninety percent of sexuality education courses covered STD/HIV.[4,9] Public opinion polls have repeatedly shown strong support for school STD/HIV prevention education. For example, a recent survey of over 1,000 adults nationwide found that over seventy percent and over ninety percent supported STD/HIV education at grades 7-8 and 9-12, respectively. Over eighty percent supported discussion about condoms for grades 9-10, with ninety percent supporting the topic for grades 11-12.[10]

The national school sexuality education study conducted by Kaiser cited earlier found that parents strongly supported a broad range of topics in school sexuality education, including commonly taught topics such as STD/HIV, but also less frequently covered topics such as safer sex and negotiation skills. Parents of 7-12th grade students indicated the following about school sexuality education:

- Nearly all (98%) indicated that HIV/AIDS and other STDs should be covered.
- Over ninety percent supported coverage of: abstinence, how to talk with parents about sex and relationships, how to get tested for HIV/AIDS and other STDs.
- Over eighty percent supported coverage of: how to talk with a partner about birth control and STDs and how to use condoms.[4]

The Goal and Content of School STD/HIV Prevention Education

The ultimate goal of STD/HIV prevention education, like instruction in other content areas within the school health science curriculum, is to prepare students to make intelligent, self-directed decisions about their own health so they can protect themselves from STD/HIV. CDC states that the most effective HIV prevention programs are designed to encourage the adoption of healthy behaviors.[11] To provide instruction that emphasizes health behaviors related to STD/HIV, the student life behaviors that are expected as the result of instruction must first be identified. These expected outcomes serve to guide the content and instructional methods.

The behaviors and expected outcomes listed below serve as the instructional bases for school STD/HIV prevention education and are presented as an STD/HIV Prevention Action Checklist in the student manual of this curriculum. To help stop STD/HIV, the student will:

- **avoid** sexual exposure to STD/HIV.
- **not use** injecting drugs or share needles.
- **resist** peer pressure to practice risky behaviors.
- **communicate** STD/HIV concerns to friends and dates.
- **recognize** early symptoms of an STD/HIV infection.
- **avoid** exposing others if an STD/HIV infection is diagnosed or suspected.
- **seek** prompt medical care if an STD/HIV infection is suspected.
- **follow** the health care provider's directions if treated for an STD/HIV.
- **get** all sex and drug-use partners to medical care if one has STD/HIV.
- **be** supportive and helpful to persons infected with STD/HIV.
- **serve** as an accurate source of STD/HIV information and advice.
- **serve** as a positive role model to others.
- **promote** healthy behavior among peers.
- **seek** the help of others concerning STD/HIV issues.
- **promote** STD/HIV prevention, research, and health care.

Features of This Curriculum

This curriculum, which includes the student manual and instructor's guide, emphasizes preventive health behaviors. In addressing these behaviors, the choice of content and pedagogical strategy for the first edition was guided by several empirically-supported theoretical behavior change models. This second edition follows this theoretical approach while also incorporating material that addresses the traits of successful programs as outlined above by Kirby.[5] Further, the results of the above cited Kaiser Family Foundation reports on adolescent needs and attitudes and parental views of school STD/HIV education,[3,4] and the Kirby[5] review of factors related to adolescent sexual risk-taking, were also considered in updating the curriculum.

This curriculum was developed to reflect the three learning domains: cognitive, affective, and psychomotor. For the cognitive domain, instructional emphasis was on health behaviors related to STD/HIV. According to CDC:

> Quality STD instruction means that students will be taught ways to avoid STD, to recognize STD symptoms, to access STD clinics or other health care providers, to follow treatment instructions if infected, and to refer all sex partners for medical care. A school curriculum which focuses on the teachings of STD biomedical facts detracts from the purpose of STD education and does not represent a quality unit of instruction.[12]

STD and HIV health messages are presented simultaneously. Many educators and public health officials are calling for the integration of STD prevention education and HIV/AIDS prevention education into one unit. STDs and HIV are both communicable diseases with similar transmission and prevention

behaviors. Also, STDs and HIV/AIDS should be discussed together because of the biological connectedness of STDs and HIV. That is, STD infection increases HIV risk while an HIV-infected person with another STD is more likely to transmit HIV through sexual contact than a person infected with HIV only.

For the affective domain, instructional emphasis was on motivating adolescents to assume responsibility for their own health and the health of others, and to accept that they may be personally vulnerable to STD/HIV if they practice risky behavior. Also, the social taboos surrounding STD/HIV were addressed. Traditionally, negative social attitudes have been associated with STD/HIV, causing many persons who get STDs to feel shame, guilt, and fear. These attitudes hinder STD/HIV control efforts because persons suspecting an STD may, for example, delay seeking medical help.

Besides addressing appropriate behaviors through cognitive and affective domain education, STD/HIV prevention education should provide rehearsal of STD/HIV preventive behaviors. Unfortunately, many teens lack the necessary skills to avoid STD/HIV. For example, some cannot (1) communicate adequately with a potential sex partner about STD/HIV prevention; (2) be sufficiently assertive to assure that STD/HIV prevention measures are used; or (3) resist negative peer pressure to practice risky sexual or drug-using behaviors. Many STD/HIV preventive behaviors cannot be practiced in the classroom. Therefore, exercises involving role playing or simulation of the behaviors, such as decision making, problem solving, communication, and refusal skills should be conducted. This curriculum includes several learning opportunities dealing with preventive skill rehearsal.

The student manual is divided into six sections called STD/HIV FACTS. These sections discuss appropriate behaviors that concern STD/HIV transmission, avoiding STD/HIV, recognizing an STD infection, finding STD/HIV testing and treatment, getting partners to STD/HIV medical care, and stopping the spread of STD/HIV. An attempt was made to have a balanced presentation of STD/HIV prevention (i.e., sexual abstinence) and risk reduction methods (e.g , condom use). This reflects the CDC[13] call for communicating both messages to young people and teenagers and parent views of needed content, as presented previously. Detailed biomedical information is not presented in the body of the student manual but is included as appendixed material.

To assist the teacher in understanding the major focus and important content of each STD/HIV FACT in the student manual, an overview is presented:

STD/HIV FACT #1: The STD/HIV Problem

STD/HIV FACT #1 serves as an introduction to the text by describing the STD/HIV problem and stressing the prevalence and health impact of STD/HIV, particularly among teenagers. The section describes: (1) the "hidden epidemics" of STD; (2) nine important STDs; (3) the size of the STD/HIV problem; (4) persons infected with STD/HIV; (5) damage caused by STD/HIV; and (6) the reasons why STD/HIV are serious problems. The section stresses that many teenagers underestimate the STD/HIV problem, and that they need to be concerned about all STD/HIV.

STD/HIV FACT #2: Avoiding STD/HIV

The major focus of STD/HIV FACT #2 is how to avoid STD/HIV. Ways STD/HIV organisms are transmitted are described, including discussion of sexual and blood transmission, transmission from mother to child, acquiring STDs without having sex, and the association of STD infection and HIV infection. Next, preventive measures are examined. The certainty and advantages of sexual abstinence are described. A review follows of mutual sexual exclusivity, condom use, careful partner selection, avoiding multiple sex partners, avoiding injecting drugs, vaccines, and protecting babies. Condoms are described as a strategy to reduce risk if used correctly and consistently, not as 100% effective in preventing STD/HIV. Suggestions for improving communication about prevention, resisting negative peer pressure, and the importance of choosing friends wisely are provided. The section concludes by listing persons who might provide support and encouragement in avoiding STD/HIV.

STD/HIV FACT #3: Recognizing an STD/HIV Infection

STD/HIV FACT #3 emphasizes the recognition of possible disease infection. The section begins by encouraging persons practicing risky behavior to be suspicious of disease by being alert to changes in their genitals and other body parts. Promptly seeing a health care provider, in contrast to trying to diagnose one's own condition, is stressed. A description of important STD/HIV symptoms follows. The section does not attempt to describe specific symptoms of each disease, but has grouped the symptoms of all STDs into six categories: genital or rectal discharge, abdominal pain, painful urination, skin changes, genital itching, and flu-like symptoms. The specific symptoms of HIV infection, and the difference between being infected with HIV and having AIDS, are discussed. The possibility of having an STD/HIV infection without symptoms is discussed, with emphasis on the particular difficulty that females have in noticing symptoms. In conclusion, the section states that persons suspecting STD/HIV infection should stop having sex, stop using injecting drugs, go to a health care provider quickly, and get partners to treatment.

STD/HIV FACT #4: Seeking Testing and Treatment

The major focus of STD/HIV FACT #4 is to help the person who suspects an STD/HIV infection find counseling and medical treatment. The section begins by assuring the reader of treatment confidentiality by stating that laws allow persons under age 18 to receive STD/HIV care without parental permission. It continues by discussing the types of health care providers that have STD/HIV counseling and treatment and ways to locate STD/HIV health care in the telephone book. National hotlines and Internet sources are provided as a source for locating STD/HIV information, treatment sources, and support. Aspects of the medical visit, such as counseling about testing and detecting and treating an STD/HIV infection, are described. Finally, the section discusses the ways one can be supportive of persons with STD/HIV.

STD/HIV FACT #5: Getting Partners to Testing and Treatment

This section begins by stressing that an individual with an STD/HIV infection has a responsibility for getting a sex or drug partner to treatment as soon as possible. Three reasons a sex or drug partner needs to seek prompt medical care are presented. Lastly, the section discusses three ways to get partners to treatment: taking partner to the health care provider, informing the partner directly, and having the STD/HIV public health specialist contact the partner.

STD/HIV FACT #6: Stopping the Spread of STD/HIV

STD/HIV FACT #6 is a summary of the previous STD FACTS, and stresses that an individual can do much to help stop the spread of STD/HIV. This section also emphasizes the importance of being informed about STD/HIV and suggests sources for obtaining STD/HIV information. The ways each person can promote STD/HIV prevention efforts are discussed.

The curriculum emphasizes student activities (e.g. the learning opportunities given in the instructor's guide) as the fundamental instructional approach. These activities address the three learning domains and varied student learning styles. The student manual provides information about STD/HIV and includes learning activities designed to reinforce important concepts and enhance personal skills. One such resource in the student manual is the STD/HIV Avoidance Skills, which includes six activities ranging from discussion of sexual values with parents or trusted adults to finding STD/HIV help.

Particular attention was given to scientific accuracy, a nonjudgmental approach, and tone of message advocating health-enhancing behavior. The student manual is written to accommodate the reading ability of the majority of secondary school students. To enhance student comprehension, key words are in bold print when they first appear in the text, indicating that the word is found in the pronouncing glossary.

The student manual also includes three other features:

- A form for placing local information concerning STD/HIV information and treatment sources is on the inside of the back cover. A copy of the form, which can be reproduced and given to stu-

dents, is included in Appendix A of this guide.

- A summary sheet of major STD/HIV concepts is presented at the end of the manual. A copy of this sheet is included in Appendix A of this guide for duplication purposes.
- Diagrams of the reproductive systems are given with important structures identified and described.

Implementing STD/HIV Prevention Education

School STD/HIV prevention education will more likely succeed if certain issues are addressed when implementing the instructional program. For example, attention should be given to the instructional placement of STD/HIV prevention education within the school curriculum and to teacher competencies.

Placement Within the Curriculum

To be most effective, STD/HIV prevention education should be provided in the framework of comprehensive school health education. Such a placement makes sense pedagogically because the goal of STD/HIV prevention education is to prepare students to make wise, health-enhancing decisions. Comprehensive school health education is a planned, sequential instructional program for grades K-12 which includes a variety of health topics. The program is structured so that learning in the upper grades builds upon learning attained in the earlier grade levels. The needs of the local community, the state, and the nation should be reflected in the programs. Comprehensive school health education should be presented only by teachers who are adequately prepared in the subject area.

Since STD/HIV prevention education involves sexuality issues, STD/HIV prevention education can be incorporated into a unit or course on human sexuality or family life education. Many schools do this successfully. However, in some communities the identification of STD/HIV prevention education as sexuality education may be controversial and limit the scope of the curriculum. If a school has no formal sexuality education program, STD/HIV instruction can be successfully presented as part of the health education curriculum. But, STD/HIV prevention education as part of a sound sexuality education program may be more complete, since sexuality and responsible sexual decision making can be more thoroughly discussed.

Even though STD/HIV prevention education should be taught in health science classes, the important health messages can be reinforced in other subjects related to health and human behavior. Such subjects include general and biological science, home economics, social studies, and psychology.

Preferably, STD/HIV prevention education is presented in a coeducational setting to give both genders the opportunity to enhance communication skills. However, STD/HIV prevention education can be successful in single-sex classes.

Community Involvement

Most communities support STD/HIV prevention education within the school, although sometimes there are concerns about the exact nature of the course content. Involving local community members can usually result in strong endorsement of the instructional program. Because of the severity of the STD/HIV problem, most communities accept more detailed discussion of STD/HIV transmission and prevention than previously accepted for traditional STD education.

Because of the increased focus on STD/HIV prevention education, particularly in the HIV and AIDS areas, many schools now have local advisory committees. The committee often includes teachers, parents, medical personnel, clergy, and students. Besides suggesting program policy and reviewing instructional material, the committee can also handle questions, concerns, and complaints about the program. This task relieves the teacher and school officials from having to defend the program if criticism arises. If a local advisory committee is not utilized, the school administration and/or school board should formulate an STD/HIV education policy and approve an instructional program.

On some occasions, members of the local advisory committee or other community members have strongly advocated for limited STD/HIV messages to be included in the curriculum. One example of this is

limiting prevention and risk-reduction messages to abstinence only. If the stance is contrary to the principles of quality STD/HIV prevention education described here, the school officials should stand firm for a curriculum content based on student need and parental support, STD/HIV prevention education principles, the traits of quality programs as established by research, and public health strategies for controlling STD/HIV. Withholding complete prevention and risk-reduction information can place adolescents at risk for STD/HIV.

The local or state departments of education and health may be able to provide assistance in helping school officials and other community members to determine the best and most appropriate STD/HIV instruction. Also, students should be encouraged to share their manuals with parents. This can help address some of the concerns or questions of parents.

Presenting STD/HIV Prevention Education in Diverse Settings

It is important that the content of STD/HIV prevention education and the techniques used to present it are selected with consideration of the *entire range* of needs among various students in the learning setting. Attitudes, values, language, and behaviors related to sexuality and STD/HIV may vary between different ethnic and racial groups. These differences need to be respected and considered when discussing STD/HIV so that instruction can be provided in the appropriate cultural context. The teacher should seek out the perspectives of varied groups to assure that the instruction accounts for cultural differences. Further, varied religious perspectives may be represented among students. Sometimes these religious perspectives can be in conflict with the content of STD/HIV prevention education. Respecting varied religious views yet presenting the content from a public health, disease prevention perspective may help the teacher minimize any possible conflict. In some communities, faith groups can play a prominent role in STD/HIV prevention education in partnership with schools.

Instructor Qualities

As with all areas of the school curriculum, the competencies of the teacher who is responsible for STD/HIV instruction is a critical factor in determining the success of the program. In general, health educators should play the primary role in STD/HIV education because they are more likely to have the necessary skills for influencing student health behaviors. However, other teachers may have adequate skills and could successfully provide quality instruction.

The teacher should be able to create a safe environment in which students can discuss the topic freely without fear of censorship or ridicule. Further, the teacher should be able to lead group activities and be able to communicate to students with ease, sensitivity, and tact in an objective, factual manner.

A school system that initiates an STD/HIV prevention education program should consider providing inservice education on teaching strategies and basic scientific concepts related to STD/HIV. Many teachers – even health educators who completed their professional preparation several years ago – do not have adequate understanding of the goals, content, and methodology of STD/HIV prevention education. In the workshop setting, teachers can gain confidence in dealing with methodology and content.

Schools have used physicians, nurses, and local health department personnel to provide STD/HIV instruction. This is usually done to provide credibility to the program or because the faculty does not feel competent to teach the subject. Use of medical or public health personnel to provide STD/HIV prevention education on a regular basis is not recommended, although they can be used occasionally as resource speakers to supplement classroom instruction. Most health care professionals are not educators and do not have the necessary skills for presenting STD/HIV instruction as described here. Also, they tend to dwell too much on biomedical information which is not as important as health behavior information. Because regular classroom teachers know their students and have instructional competencies to carry out the goals of STD/HIV prevention education, they should be the ones to provide most of the instruction.

Resources

Remaining current on the latest, accurate medical information about STD/HIV and prevention education issues is important. Because news stories about STD/HIV seemingly occur daily in the media, an instructor can feel overwhelmed in trying to remain current and to even determine if the reports are credible. One solution to this challenge is to contact the local health department and the state health and education departments for new disease information. Organizations focusing on health education and school issues, such as the American Association for Health Education (www.aahperd.org/aahe/aahe.html) can provide valuable information about teaching strategies and pedagogical issues.

The instructor can also use the following Internet sites for reliable and current STD/HIV medical, epidemiological, and research information. (Each of these sites are links provided on the Website of the Rural Center for AIDS/STD Prevention, www.indiana.edu/~aids.)

Centers for Disease Control and Prevention

Division of HIV/AIDS Prevention
www.cdc.gov/hiv/dhap

Division of Sexually Transmitted Diseases
www.cdc.gov/nchstp/dstd/dstdp

Morbidity and Mortality Weekly Report
www.cdc.gov/mmwr

CDC National Prevention Information Network
www.cdcnpin.org

American Social Health Association
www.ashastd.org

JAMA HIV/AIDS Resource Center
www.ama-assn.org/special/hiv

Telephone hotlines that can provide current information:

CDC National STD & AIDS Hotlines

English-speaking	1-800-227-8922 7 days a week, 24 hours a day
Spanish-speaking	1-800-344-7432 7 days a week, 8:00 a.m. to 2:00 a.m., EST
Hearing-impaired	1-800-243-7889 Weekdays, 10:00 a.m. to 10:00 p.m.

National Herpes Hotline
1-919-361-8488
Weekdays, 9:00 a.m. to 7:00 p.m., EST

National HPV and Cervical Cancer Hotline
1-919-361-4848
Weekdays, 12:00 p.m. to 7:00 p.m., EST

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11. Centers for Disease Control and Prevention. (1998). Combating Complacency in HIV Prevention. Available: www.cdc.gov/hiv/pubs/facts/combat
12. U.S. Department of Health and Human Services. (1985). *Guidelines for STD Education.* Atlanta: USHHS.
13. Centers for Disease Control and Prevention. (1997). Comprehensive HIV Prevention Messages for Young People. Available: www.cdc.gov/hiv/pubs/facts/compyout

Chapter 2
Suggested Lesson Plans

Two instructional units of five class sessions (about 250 minutes) and eight class sessions (about 400 minutes) are presented. These plans are given to provide the instructor a choice of unit length based on the local situation. Also, teachers can use the plans as models for developing their own lesson plans.

The plans focus on sections of the student manual and learning opportunities (LO) given in Chapter 3. The activities are listed in a suggested sequence, but the exact manner in which they should be completed is the teacher's discretion. Teachers are encouraged to use class discussion rather than lecture as the primary instructional strategy.

The choice of LO and optional activities should be based on several factors such as student grade level and maturity, teacher competencies, school policy, and community standards. The teacher should be sure to read the directions for each LO before conducting the activity. Some LO can be assigned as homework.

When this curriculum is taught at more than one grade of the same school system, teachers should communicate about which LO is offered at each level. Most of the activities of the suggested lesson plan should be conducted at each level. However, the difference would mainly reflect which learning opportunity is chosen where choices are presented in the lesson plan.

5-SESSION PLAN

SESSION 1

1. Instructor reads from student manual:
   - Why Learn About STD/HIV
   - STD/HIV Prevention Action Checklist
2. Students complete (from student manual) and discuss among themselves and with the instructor:
   - Self Test: Discovering What I Know - 1
   - Self Test: Discovering What I Believe - 1
3. Conduct LO 1
4. Assign LO 18 to a small group of students. Students will report answers during Session 5.
5. (Optional): Assign LO 19 to a few students
6. Homework assignment from student manual:
   - For Session 5: STD/HIV Avoidance Skills 1-6
     (Encourage students to complete the activities with a parent, guardian, or another trusted adult.)
   - For Session 2: read STD/HIV FACT #2
7. Assign in-class reading time: Students silently read the main text of the student manual beginning with STD/HIV FACT #1.

SESSION 2

1. Conduct LO 2, LO 3, or LO 4
2. Conduct LO 5
3. Conduct LO 6
4. Homework assignment for Session 3: read STD/HIV FACT #3

SESSION 3

1. Conduct LO 7
2. Conduct LO 8
3. Conduct LO 9
4. Homework assignment for Session 4: read STD/HIV FACT #4 and STD/HIV FACT #5

SESSION 4

1. Conduct LO 10
2. Conduct LO 11 or LO 12
3. Conduct LO 13 (Optional: distribute and discuss handout, *Guidelines for Correct Condom Use*, from Appendix A.)
4. Conduct LO 14
5. Homework assignment for Session 5: read STD/HIV FACT #6

SESSION 5

1. Conduct LO 15 or LO 16
2. Conduct LO 17
3. Have reports on LO 18
4. If assigned during Session 1, have reports on LO 19
5. Discuss homework assignment: STD/HIV Avoidance Skills 1-6
6. Suggest that students complete, outside the class session, these sections of the student manual:
    - I Learned That...
    - Self-Test: Discovering What I Know - 2
    - Self-Test: Discovering What I Believe - 2
7. Instructor reads from student manual:
    - Summary of STD/HIV Facts
    - STD/HIV Prevention Action Checklist

8-SESSION PLAN

SESSION 1

1. Instructor reads from student manual:
    - Why Learn About STD/HIV
    - STD/HIV Prevention Action Checklist
2. Students complete (from student manual) and discuss among themselves and with the instructor:
    - Self Test: Discovering What I Know - 1
    - Self Test: Discovering What I Believe - 1
3. Conduct LO 1
4. Assign LO 18 to a small group of students. Students will report answers during Session 8.
5. (Optional): Assign LO 19 to a few students
6. Homework assignment from student manual:
    - For Session 5: STD/HIV Avoidance Skills 1-6
      (Encourage students to complete the activities with a parent, guardian, or another trusted adult.)
    - For Session 2: read STD/HIV FACT #2
7. Assign in-class reading time: Students silently read the main text of the student manual beginning with STD/HIV FACT #1.

SESSION 2

1. Conduct LO 2
2. Conduct LO 3 or LO 4
3. Homework assignment for Session 3: read STD/HIV FACT #2

SESSION 3

1. Conduct LO 5
2. Conduct LO 6
3. Homework assignment for Session 4: read STD/HIV FACT #3

SESSION 4

1. Conduct LO 7
2. Conduct LO 8
3. Homework assignment for Session 5: read STD/HIV FACT #4

SESSION 5

1. Conduct LO 9
2. Conduct LO 10
3. Homework assignment for Session 6: read STD/HIV FACT #5

SESSION 6

1. Conduct LO 11 or LO 12
2. Conduct LO 13 (Optional: distribute and discuss handout, *Guidelines for Correct Condom Use*, from Appendix A.)
3. Homework assignment for Session 7: read STD/HIV FACT #6

SESSION 7

1. Conduct LO 14
2. Conduct LO 15
3. Conduct LO 16

SESSION 8

1. Conduct LO 17
2. Have reports on LO 18
3. If assigned during Session 1, have reports on LO 19
4. Discuss homework assignment: STD/HIV Avoidance Skills 1-6
5. Suggest that students complete, outside the class session, these sections of the student manual:
    - I Learned That...
    - Self-Test: Discovering What I Know - 2
    - Self-Test: Discovering What I Believe - 2
6. Instructor reads from student manual:
    - Summary of STD/HIV Facts
    - STD/HIV Prevention Action Checklist

Chapter 3
Learning Opportunities

This chapter provides a variety of learning opportunities (LO) designed to reinforce material in the student manual. Nineteen LO are presented to account for different levels of individual maturity and academic sophistication of students from early junior high school to late high school, and for different community standards. The LO require the use of student worksheets, which are located in Appendix B.

The LO follow the basic emphasis of the student manual: personal behaviors related to STD/HIV are stressed in contrast to biomedical information. The LO are "action-oriented," reflecting the components of the most promising theoretical behavior change models, and address the knowledge, attitude, and skill domains. The strong emphasis on student involvement follows a belief that students will learn more about the appropriate STD/HIV behaviors through active participation than by passive learning. The purpose, objectives, and suggested procedures are furnished for each activity. When appropriate, desired answers are provided.

Activities involving decision-making, communication strategies, examining values, problem-solving, and social skill enhancement are included in the LO. The LO provide valuable rehearsal of the skills necessary for preventing risk behavior. The emphasis on attitudes attempts to address the role of feelings and values in avoiding STD/HIV and reacting to an STD/HIV infection. Some LO have a more pragmatic application, such as finding STD/HIV help and support in one's own community.

When choosing a LO, the teacher must use discretion based on school and community views toward the type of activity. The teacher should consider these "ground rules" when conducting each LO:

- No student should be required to share his or her views with others.
- To ensure anonymity, names should not be placed on the student worksheets.
- Student participation should be voluntary and unrelated to the student's grade.
- Any student views expressed should not be labeled by the teacher or other students.
- The LO may be suited for one group of students and unsuited for others. (For example: Are the students mature enough to handle the LO? Is there sufficient trust and safety within the classroom for open discussion?)

To assure maximum effectiveness, the teacher should become thoroughly familiar with each LO, particularly the suggested procedures. Further, the teacher must plan ahead in providing needed materials (e.g., student worksheets).

Index of Learning Opportunities

Number		*Page*
LO 1	**IDENTIFYING STD/HIV ISSUES** Students identify specific issues faced by persons their age concerning STD/HIV and who can help them deal with the issues.	17
LO 2	**COMPLETING STD/HIV SENTENCES** Students indicate their viewpoints on situations concerning STD/HIV by completing unfinished sentences.	18
LO 3	**STD/HIV RANK-ORDERING** Students indicate their views toward STD/HIV issues by rank-ordering various options.	19
LO 4	**SPREAD OF STD/HIV OPINION** Students indicate their views toward an STD/HIV issue by choosing a point along a line representing a continuum of attitudes toward the issue.	20
LO 5	**PREVENTION NORMS AND BELIEFS OF TEENS** Students indicate norms toward risky behavior and prevention among teenagers in their community, and teen beliefs about the seriousness of the STD/HIV problem among teenagers.	21
LO 6	**RISKY BEHAVIORS AND PREVENTION METHODS** Students indicate whether or not a person can become infected with STD/HIV from certain behaviors, indicate whether or not certain behaviors can reduce the chance of infection, and estimate their own risk for infection.	22
LO 7	**CHOOSING ABSTINENCE** Students indicate the issues related to practicing abstinence, such as the benefits of abstinence, the challenges of being abstinent, expressing closeness without sexual intimacy, and identifying those who can provide support for abstinence.	25
LO 8	**DATING AND AVOIDING STD/HIV** Students indicate the issues related to dating and avoiding STD/HIV, such as the meaning and role of sexuality in a relationship, the factors associated with being sexual with a dating partner, and how a couple decides on the sexual boundaries in the relationship.	26
LO 9	**RESISTING NEGATIVE PEER PRESSURE** Students answer questions concerning negative peer pressure, create verbal responses to hypothetical negative peer pressure, and practice verbally resisting negative peer pressure.	27

LO 10 CONFRONTING INJECTING DRUG USE 28
Students answer questions concerning injecting drug use and ways it can be avoided.

LO 11 TALKING ABOUT STD/HIV PREVENTION 29
Students create communication models for talking about preventing HIV/STD transmission, and practice using the model in pairs.

LO 12 TELLING A PARTNER ABOUT AN STD/HIV INFECTION 30
Students create communication models for informing a sex partner of a possible STD/HIV infection and practice using the models in pairs.

LO 13 BARRIERS TO CONDOM USE 31
Students identify the barriers to acquiring and using condoms among teenagers.

LO 14 STD/HIV SUPPORT AND HELP SOURCES 32
Students answer questions concerning a personal support system, practice locating the local health department and an appropriate Internet help source, and practice persuading a person to get counseling and testing.

LO 15 STD/HIV PROBLEM SITUATIONS 33
Students solve specific STD/HIV problems by providing information for each step of a decision-making sequence.

LO 16 INTERNET STD/HIV ADVICE COUNCIL 39
Students, pretending they represent a peer-based, Internet STD/HIV Advice Council at their school, suggest solutions to problems submitted in letters to the council.

LO 17 WHAT IF... 40
Students state what they would do or feel if faced with certain STD/HIV-related situations.

LO 18 UNANSWERED STD/HIV QUESTIONS 43
An individual, or small group of students, collects questions not answered during the unit and contacts one of the American Social Health Association STD information services for the answer such as www.iwannaknow.org or "Ask the Expert."

LO 19 STUDENTS AS STD/HIV PREVENTION EDUCATORS 44
Students develop a lesson plan for serving as STD/HIV prevention educators for their peers and younger students.

LEARNING OPPORTUNITY 1

Identifying STD/HIV Issues

Purpose

To enhance student understanding of STD/HIV issues faced by teenagers and facilitate identification of persons and groups who can help in managing the issues.

Objective

Each student will identify specific issues concerning STD/HIV faced by persons their age and who can provide help and support in dealing with the issues.

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 1 (see Appendix B, page 61)
Pencil

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 1 to each student. Describe the purpose and directions. Ask students to list any STD/HIV-related issues, problems, or concerns about themselves and/or teenagers. Then, ask them to identify persons or groups who can help them deal with the issues.
2. Have students complete the activity individually or in small groups.
3. The teacher can conduct a discussion with the entire class.

Note

The teacher should consider this learning opportunity as the initial activity of the unit, as noted in the Suggested Lesson Plans (Chapter 2). The identification of the issues faced will inform the teacher of important areas to be addressed in the unit as well as possibly amplifying student acceptance of the value of STD/HIV prevention education. To protect anonymity, the teacher may want to instruct students to identify issues faced by their peers – but not specifically the issues faced individually – if small groups are used.

LEARNING OPPORTUNITY 2

Completing STD/HIV Sentences

Purpose

To assist students in examining and clarifying their attitudes toward STD/HIV.

Objective

Each student will indicate her/his viewpoint about situations related to STD/HIV.

Type of Activity

Individual completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 2 (see Appendix B, page 62)
Pencil

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 2 to each student. Describe the purpose and directions. Ask students to read the first part of the unfinished sentence and write what he/she thinks would best complete each sentence.
2. Have students complete the worksheet individually, followed by small-group and/or class discussion. The teacher may decide not to have class discussion, but allow time for individual student reflection.
3. As an alternative activity, the teacher can collect completed worksheets. The results can be summarized and discussed with the entire class. Before collecting the worksheets, tell students that they should not place their names on the papers. The teacher should ensure that no student's identity is revealed during discussion of the results.

Note

The teacher should inform students that they are not required to share any personal opinions. It is particularly important that the teacher follow the suggested guidelines for the LO given at the beginning of this chapter. That is, student participation should be voluntary, no names should be placed on the sheets, and views and questions expressed by students should be treated with respect by the teacher and other students.

LEARNING OPPORTUNITY 3

STD/HIV Rank-Ordering

Purpose

To assist students in examining and clarifying their attitudes toward STD/HIV.

Objective

Each student will indicate her/his viewpoint about situations related to STD/HIV.

Type of Activity

Individual completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 3 (see Appendix B, page 64)

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 3 to each student. Describe the purpose and directions. Ask students to rank the answers in order with "1" as the first choice, "2" as the middle choice, and "3" as the least desired answer.
2. Have students complete the worksheet individually, followed by small-group and/or class discussion.
3. As an optional activity, the teacher may ask students to explain why they chose their answers.
4. As an alternative activity, the teacher can collect completed worksheets. The results can be summarized and discussed with the entire class. Before collecting the worksheets the teacher should inform students that they should not place their names on the papers. The teacher should ensure that no student's identity is revealed during discussion of the results.

Note

The teacher should inform students that they are not required to share any personal opinions. It is particularly important that the teacher follow the suggested guidelines for the LO given at the beginning of this chapter. That is, student participation should be voluntary, no names should be placed on the sheets, and views and questions expressed by students should be treated with respect by the teacher and other students.

LEARNING OPPORTUNITY 4

Spread of STD/HIV Opinion

Purpose

To assist students in examining and clarifying their attitudes toward STD/HIV.

Objective

Each student will indicate her/his viewpoint on situations related to STD/HIV.

Type of Activity

Individual completion of student worksheet

Materials Needed

Student Worksheet 4 (see Appendix B, page 67)

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 4 to each student. Describe the purpose and directions. Ask students to read the issue and to indicate their stance by making a mark at a point on the continuum line. The teacher may choose not to use all of the issues.
2. As an optional activity, ask students to indicate why they took the stance.
3. As an alternative activity, the teacher can collect completed worksheets. The results can be summarized an discussed with the entire class. Before collecting the worksheets, the teacher should tell the students that they should not put their names on the papers. The teacher should ensure that no student's identity is revealed during discussion of the results.

Note

The teacher should inform students that they are not required to share any personal opinions. It is particularly important that the teacher follow the suggested guidelines for the LO given at the beginning of this chapter. That is, student participation should be voluntary, no names should be placed on the sheets, and views and questions expressed by students should be treated with respect by the teacher and other students.

LEARNING OPPORTUNITY 5

Prevention Norms and Beliefs of Teens

Purpose

To enhance student understanding of the prevention norms and beliefs about the seriousness of the STD/HIV problem among teenagers in their community.

Objective

The student will:

- Describe the sexual risk and STD/HIV prevention norms of her/his peers.
- Indicate whether there are groups of teens in her/his community who have risky sexual norms.
- Indicate if he/she believes that norms influence behavior.
- Indicate whether he/she believes that if a teenager associates with other teens who have permissive and risky norms about sex and STD/HIV prevention, the teen would be more likely to adopt those norms for herself/himself.
- Indicate whether or not most teenagers have accurate perceptions of norms of teen groups in their community.
- Describe how teenage norms towards sexuality and STD/HIV prevention can be influenced toward being responsible.
- Discover how other teenagers in their community judge the seriousness of the STD/HIV problem among teens.
- Discover how other teenagers in their community judge whether sexually active teens feel they are at risk for STD/HIV infection.

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 5 (see Appendix B, page 69)
Pencil

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 5 to each student. Describe the purpose and directions. Ask students to answer the questions about norms (Part A) and to survey other students concerning their beliefs about the seriousness of the STD/HIV problem among teenagers and whether sexually active teens accurately judge their risk for STD/HIV infection (Part B).
2. Have students complete Part A individually or in small groups.
3. The teacher can conduct a discussion with the entire class.

Note

The teacher should inform students that they are not required to share any personal opinions. It is particularly important that the teacher follow the suggested "ground rules" for the LO given at the beginning of this chapter. That is, student participation should be voluntary, no names should be placed on the sheets, and views and questions expressed by students should be treated with respect by the teacher and other students.

LEARNING OPPORTUNITY 6

Risky Behaviors and Prevention Methods

Purpose

To reinforce student understanding of ways STD/HIV can be transmitted and ways STD/HIV can be avoided, and to assist students in assessing their risks for STD/HIV infection.

Objective

Each student will indicate whether STD/HIV can be transmitted or avoided by certain behaviors or means and will estimate her/his risk of STD/HIV infection.

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 6 (see Appendix B, page 71)

Time

10-15 minutes

Suggested Procedure

1. Distribute Student Worksheet 6 to each student. Describe the purpose and directions. Ask students to circle either "yes," "no," or "?." Have students indicate, in their judgement, their risks of STD/HIV infection.
2. Have students complete the activity individually or in small groups except for the risk assessment.
3. The teacher leads the class in a discussion of each statement, reinforcing the correct concept. The teacher also discusses the value and limitations of judging one's risk of STD/HIV infection.

Note

The teacher should use discretion utilizing the LO activity that asks students to judge their own STD/HIV risk. No student should be required to disclose her/his risk. To be safe, the teacher could ask students to judge their risk and develop their prevention plan in their mind.

Worksheet Answer Key

Answers are based on current beliefs relative to "real-world" probabilities. For example, in theory it might be possible to acquire STD/HIV from giving blood if unsterilized equipment is used. But, the answer would be "no." In reality, there are no substantiated cases of STD/HIV transmission during blood donation in the United States as all equipment used is sterilized. The correct response for each statement is given below.

PART A: CAN A PERSON BE AT RISK FOR ACQUIRING STD/HIV FROM THE FOLLOWING?

1. Dry kissing?
   -no
2. Giving oral sex?
   -yes
3. Receiving oral sex?
   -yes
4. Having vaginal intercourse?
   -yes
5. Giving anal intercourse?
   -yes
6. Receiving anal intercourse?
   -yes
7. Having more than one sex partner?
   -yes
8. Having sex with anyone at increased risk for having STD/HIV?
   -yes
9. Mutual or self masturbation?
   -no
10. Sharing injecting drug needles and syringes?
    -yes
11. Giving blood?
    -no
12. Having a blood test?
    -no
13. Getting a tattoo or body piercing from unsterilized equipment?
    -yes
14. Ordinary touching of someone infected with STD/HIV?
    -no
15. Being near someone sneezing, coughing, or spitting?
    -no
16. Contact with someone's sweat, tears, urine, or bowel movements?
    -no
17. Attending school or public events with someone infected with STD/HIV?
    -no
18. Using someone else's comb or make-up?
    -no
19. Using someone else's dishes or eating utensils?
    -no
20. Being bitten by mosquitoes or other insects?
    -no

PART B: CAN A PERSON REDUCE THE CHANCES OF BECOMING INFECTED WITH STD/HIV BY?

1. Not having vaginal or anal intercourse (sexual abstinence)?
   -yes
2. Not having oral sex?
   -yes
3. Having sexual contact only with an uninfected partner who also does not have other partners (mutual sexual exclusivity)?
   -yes
4. Using latex condoms (rubbers) during oral, vaginal or anal sex?
   -yes
5. Avoiding exchange of "pre-cum", semen, vaginal fluids, or blood during sexual contact?
   -yes
6. Not having sexual contact with a person who uses injecting drugs?
   -yes
7. Not having sexual contact with a person at risk for having STD/HIV?
   -yes
8. Not having multiple sex partners?
   -yes
9. Not sharing injecting drug needles and syringes?
   -yes
10. Urinating after sexual intercourse?
    -no
11. Douching after sexual intercourse?
    -no
12. Taking birth control pills?
    -no

LEARNING OPPORTUNITY 7

Choosing Abstinence

Purpose

To enhance student understanding of the value and issues related to sexual abstinence.

Objective

The student will:

- Name reasons for choosing sexual abstinence (not having vaginal, anal, or oral sex).
- Name the benefits of sexual abstinence.
- Describe the issues affecting a teenager's decision to be abstinent.
- Describe the challenges in being abstinent.
- Name ways of being close to someone without having sexual contact.
- Describe how one can plan for abstinence.
- Name the types of persons or groups that can support a teenager's decision to be abstinent.

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 7 (see Appendix B, page 73)
Pencil

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 7 to each student. Describe the purpose and directions. Ask students to answer the questions.
2. Have students complete the activity individually or in small groups.
3. The teacher can conduct a discussion with the entire class.

Note

Sexual abstinence is a choice that many students are making. This choice should be respected by the teacher and students. The benefits of abstinence should be discussed. Inform students that an important "ground rule" for this activity is that the teacher and the students will not make any judgements of whether or not a student is sexually abstinent based on her/his answers.

LEARNING OPPORTUNITY 8

Dating and Avoiding STD/HIV

Purpose

To enhance student understanding of issues related to avoiding STD/HIV in dating relationships.

Objective

The student will:

- Describe meanings and role of sexuality in life.
- Name the types of sexual boundaries a dating couple could establish for their relationship.
- Describe how a couple decides on the sexual boundaries in a dating relationship.
- Name the factors that should be considered when deciding whether to have sexual intercourse with someone.
- Name what type of situations and circumstances that threaten the dating couple adhering to their sexual boundary.
- Describe how a dating couple can maintain the sexual boundaries they established.
- Describe how one can get out of a relationship in which an agreement on sexual behavior cannot be reached.
- Name what type of person and/or groups can help a dating couple decide on sexual boundaries and ways for adhering to them.

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 8 (see Appendix B, page 74)

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 8 to each student. Describe the purpose and directions. Ask students to answer the questions.
2. Have students complete the activity individually or in small groups.
3. The teacher can conduct a discussion with the entire class.

Note

Inform students that an important "ground rule" for this activity is that the teacher and the students will not make any judgements of whether or not a student has been or is currently in a sexual relationship based on her/his answers.

LEARNING OPPORTUNITY 9

Resisting Negative Peer Pressure

Purpose

To provide students with models for resisting negative peer pressure and practice in verbally resisting negative peer pressure.

Objective

The student will:

- Name the situations in which a teenager might be more likely to face negative peer pressure.
- Describe the type of pressure faced by teenagers.
- Describe ways a person can stand up for her/his values without losing friends.
- Create verbal responses to negative peer pressure.
- Demonstrate ability to verbally resist negative peer pressure.

Type of Activity

Small-group and class discussion
Role play and observation

Materials Needed

Student Worksheet 9 (see Appendix B, page 76)
Pencil

Time

20 minutes

Suggested Procedure

1. Distribute Student Worksheet 9 to each student. Describe the purpose and directions.
2. Place students into small groups and ask each group to create a verbal response to the questions in Part A and Part B of the student worksheet.
3. Conduct a discussion of the solutions with the class.
4. For Part C, place students into groups of three. For each of the scenarios, one student exerts pressure, one resists pressure, and the third evaluates the resistance. The roles should be rotated so that each student plays each role. The teacher should provide examples of pressure tactics, resistance strategies, and suggestions about how to evaluate the resistance. Refer to the suggested resistance strategies in the student manual on page 31.
5. Conduct a discussion of Part C with the class.

Note

The teacher can ask for volunteers to role-play one of the scenarios for the entire class. Or, the teacher might ask students to create a negative peer pressure scenario to replace one of the scenarios in either Part B or Part C.

LEARNING OPPORTUNITY 10

Confronting Injecting Drug Use

Purpose

To enhance student understanding of some issues dealing with injecting drug use.

Objective

Each student will:

- Indicate whether healthy people use injecting drugs.
- Explain why some people use injecting drugs.
- Explain how a person's life might change from using injecting drugs.
- Describe ways a person can have fun without using injecting drugs.
- Describe what can be done to help teenagers avoid injecting drugs.

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 10 (see Appendix B, page 79)

Time

15-20 minutes

Suggested Procedure

1. Distribute Student Worksheet 10 to each student. Describe the purpose and directions. Ask students to answer the questions.
2. Have students complete the activity individually or in small groups.
3. The teacher can conduct a discussion with the entire class.

Note

Inform students that an important "ground rule" for this activity is that the teacher and the students will not make any judgements of whether or not a student has or is currently injecting drugs based on her/his answers.

LEARNING OPPORTUNITY 11

Talking About STD/HIV Prevention

Purpose

To provide students with practice in talking with another person about STD/HIV prevention and strategies for discussing prevention and asserting specific values.

Objective

The student will:

- Demonstrate an ability to talk with another person about STD/HIV prevention.
- Describe ways to get the conversation started.
- Identify the issues that must be addressed and ways they can be handled.
- Describe ways one might insist on sexual abstinence or use of condoms if intercourse is chosen.
- Name the best situations for teens to discuss STD/HIV prevention.

Type of Activity

Small-group completion of student worksheet
Role play
Class discussion

Materials Needed

Student Worksheet 11 (see Appendix B, page 80)
Pencil

Time

30 minutes

Suggested Procedure

1. Distribute Student Worksheet 11 to each student. Describe the purpose and directions.
2. Ask students, in groups of three or four, to answer the questions of Part A. Follow this with a class discussion.
3. For Part B, have volunteer paired students role play the conversation. One student, chosen by the couple, should begin the conversation. The teacher should describe the general guidelines for role-playing. Follow the role-playing with an entire class discussion of the activity.

Note

The teacher might want to ask some students to demonstrate their dialogues in front of the entire class.

LEARNING OPPORTUNITY 12

Telling a Partner About an STD/HIV Infection

Purpose

To provide students with models for informing a sex partner of possible STD/HIV infection and encouraging the partner to seek medical care, and practice in conversing with another person about an STD/HIV infection.

Objective

The student will:

- Create examples of ways a sex partner can be told of an STD/HIV infection.
- Name the best circumstances under which a young person notifies a sex partner about an STD/HIV infection.
- Demonstrate an ability to talk with another person about an STD/HIV infection.

Type of Activity

Small-group completion of student worksheet
Role play
Class discussion

Materials Needed

Student Worksheet 12 (see Appendix B, page 82)
Pencil

Time

30 minutes

Suggested Procedure

1. Distribute Student Worksheet 12 to each student. Describe the purpose and directions.
2. Ask students, in groups of three or four, to answer the questions of Part A, B, and C. Follow this with a class discussion.
3. For Part D, have volunteer paired students role-play the conversation. One student, chosen by the couple, should begin the conversation. The teacher should describe the general guidelines for role-playing.

Note

The teacher might want to ask some students to demonstrate their dialogues in front of the entire class.

LEARNING OPPORTUNITY 13

Barriers to Condom Use

Purpose

To enhance student understanding of barriers to acquiring and using condoms for HIV/STD prevention among teenagers.

Objective

The student will:

- Name the barriers or reasons why more teenagers do not use condoms to reduce the risk of STD/HIV.
- Indicate an opinion of whether or not teenagers in her/his community have accurate information about condom effectiveness for STD/HIV prevention.
- Indicate whether or not teenagers in her/his community are taught how to use condoms correctly.
- Name where teenagers in her/his community can get condoms.
- Name where teenagers can get more information about condoms.
- Describe what can be done to increase the number of teenagers using condoms consistently and correctly.

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 13 (see Appendix B, page 84)
Pencil

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 13 to each student. Describe the purpose and directions. Ask students to answer the questions.
2. Have students complete the activity individually or in small groups.
3. The teacher can conduct a discussion with the entire class.

LEARNING OPPORTUNITY 14

STD/HIV Support and Help Sources

Purpose

To facilitate student understanding of the value of a personal support system, to provide practice in locating the local health department and Internet help sources, and to persuade a person to get STD/HIV counseling and/or testing.

Objective

The student will:

- Name persons who would be helpful and supportive for STD/HIV issues, such as providing assistance in locating STD/HIV counseling, testing, and treatment.
- Describe aspects of a personal future support system.
- Describe how she/he could assist someone else who asked for help.
- Demonstrate the ability to locate the local health department in the telephone book and Internet help sources.
- Name the circumstances in which a person should getting STD/HIV counseling and testing.
- Name the obstacles to getting STD/HIV counseling and testing, and ways the obstacles can be removed.
- Demonstrate the ability to persuade another person to get STD/HIV counseling and testing.

Type of Activity

Small-group completion of student worksheet
Role play
Class discussion

Materials Needed

Student Worksheet 14 (see Appendix B, page 85)
Pencil
Local telephone books
Computer with Internet access

Time

20 minutes

Suggested Procedure

1. Distribute Student Worksheet 14 to each student. Describe the purpose and directions.
2. Ask students, in groups of three or four, to answer the questions of Part A. Follow this with a class discussion.
3. Ask students to work in pairs and locate the local health department in the telephone book and practice trying to persuade each other to seek counseling and testing. Follow with a class discussion of strategies used to locate help and to persuade.
4. Ask students to work in pairs to find the American Social Health Association website for teenagers, www.iwannaknow.org.

Note

The teacher should tell students that they are not required to give any answers they consider too personal. The teacher also should provide help for locating the local health department in the telephone book and the American Social Health Association website.

LEARNING OPPORTUNITY 15

STD/HIV Problem Situations

Purpose

The student will describe the problem, important facts, possible options, and best solution for a situation dealing with:

- Avoiding STD/HIV (Problem Situation 1).
- An injecting drug user wondering if she/he is infected with HIV (Problem Situation 2).
- A person with different sex partners not knowing how to recognize an STD/HIV infection (Problem Situation 3).
- What to do after suspecting an STD/HIV infection (Problem Situation 4).
- Finding STD/HIV medical help (Problem Situation 5).
- Getting sex partners to STD/HIV treatment (Problem Situation 6).

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 15A: Description of Problem Situations (see Appendix B, page 87).
Student Worksheet 15B: Form for Solving Problem Situations (see Appendix B, page 88).

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 15A and Student Worksheet 15B to each student. Describe the purpose and directions. Ask students to provide the information requested on Student Worksheet 15B concerning the situations described on Student Worksheet 15A.
2. Activity can be completed by an individual or a small group of students.

Correct Answers

The most desirable answers are given after each question of the problem solving process. To be considered correct, student answers do not need to match the suggested responses word for word, but just have a similar concept. Space is provided here for adding other possible answers that may surface during use of the activity.

PROBLEM SITUATION 1

Problem: **Travis and Qiana began dating recently. Both have heard about the serious health problems caused by STD/HIV. They agree that they don't want to get an STD.**

1. What is **THE PROBLEM?**
   * How Travis and Qiana can avoid STD/HIV.
   * _____

2. What are **THE IMPORTANT FACTS** about the situation?
   * Travis and Qiana are dating.
   * Their prior and current sexual activity or injecting drug use is unknown.
   * Both want to avoid STD/HIV.
   * Their knowledge about whether either one of them is infected is unknown. Hence, each could be exposed to STD/HIV if they began having sex.
   * Typically one cannot determine who is infected with STD/HIV by just looking at the person. Medical tests are necessary.
   * STD/HIV are typically passed from an infected person during sexual behavior and sharing injecting drug equipment.
   * _____

3. What are **THE POSSIBLE SOLUTIONS?**
   * Travis and Qiana can abstain from sexual activity and injecting drug use.
   * Travis and Qiana can have sex, but only with each other and use condoms.
   * If Travis and Qiana decide to have sex, they can contact their local health department to see where they can get STD/HIV counseling to determine if either needs to be tested for STD/HIV infection.
   * _____

4. What is **THE BEST SOLUTION?**
   * The safest solution is for Travis and Qiana to abstain from sexual intercourse, oral sex or anal sex and not use injecting drugs until they get STD/HIV counseling to learn if they need STD/HIV testing. If they decide to have sex prior to STD/HIV counseling, they should limit their activity to each other only and use condoms consistently and correctly until they know whether either one of them is infected with an STD or HIV. They should realize that condom use greatly reduces the chances of STD/HIV transmission, but they are not 100% perfect.
   * _____
     _____

PROBLEM SITUATION 2

Problem: **Brandon hasn't had sex with anyone, but he shares needles when he uses injecting drugs with his friends. Since reading that HIV can be passed by sharing injecting drugs needles and syringes, he wonders if he may have contracted the virus.**

1. What is **THE PROBLEM?**
   * Whether Brandon has become infected with HIV and how he can stop using drugs.
   * _____

2. What are **THE IMPORTANT FACTS?**
   * Brandon is using injecting drugs. He is at risk for HIV infection, since he shares the needles.
   * HIV can be passed by sharing injecting drug needles.
   * An HIV infection can be detected by a test.
   * In time, Brandon may develop symptoms of HIV infection.
   * If Brandon is infected, he is probably spreading HIV to others when he shares needles.

* If Brandon is infected, he can reduce the chances of HIV transmission by consistently and correctly using a condom, but it would be safest if he did not have sex.
* If he continues to use drugs, he will risk his physical and mental health and may die.
* _____

3. What are **THE POSSIBLE SOLUTIONS?**
   * Brandon can get off drugs by seeking help from a health clinic or doctor.
   * Brandon can stop sharing needles.
   * Brandon can use a new needle or works cleaned with bleach after each injection.
   * Brandon can visit an STD/HIV counselor and take the HIV test to see if he is infected.
   * Brandon can wait to see if he develops symptoms of HIV infection or wait to see if his friends develop symptoms or have positive HIV test results.

4. What is **THE BEST SOLUTION?**
   * Brandon stops sharing needles and seeks professional help to stop using drugs. He should also get STD/HIV counseling, take the HIV test, and not have sex.
   * _____
     _____
     _____

PROBLEM SITUATION 3

Problem: **Felicia occasionally has sex when she dates guys and has recently become more worried about getting an STD/HIV infection. She wants to be alert for any possible infection but does not know how to recognize an STD/HIV.**

1. What is **THE PROBLEM?**
   * Felicia does not know how to determine if she is infected with STD/HIV.
   * _____

2. What are **THE IMPORTANT FACTS?**
   * Felicia is at risk for STD/HIV infection since she has had sex and has had different male sex partners.
   * Felicia is wise in wanting to recognize an STD/HIV infection.
   * Felicia could see an STD/HIV counselor or health care provider to learn if she is presently infected.
   * The major symptoms of STD are genital or rectal discharge, abdominal pain, painful urination, skin changes, genital itching, and flu-like symptoms.
   * The early symptoms of HIV infection include tiredness, swollen lymph glands, fever, loss of weight, diarrhea, and night sweats.
   * The symptoms of STD/HIV infection are often hidden, unnoticed, or absent.
   * One cannot determine who is infected with STD/HIV by just looking at the person.
   * The best way to determine if one has an STD/HIV infection is to see a health care provider and get tested.
   * _____

3. What are **THE POSSIBLE SOLUTIONS?**
   * Felicia can ask her friends about how to recognize an STD/HIV infection.
   * Felicia can ask her parents, a teacher, or health care provider about STD/HIV symptoms.
   * Felicia can call the CDC National STD and AIDS Hotlines.
   * Felicia can contact the American Social Health Association website for teenagers, www.iwannaknow.org.
   * Felicia can continue her present sexual lifestyle, limit her sexual activity to one partner, or choose not have sex with anyone.
   * _____

4. What is **THE BEST SOLUTION?**
   * Felicia learns the symptoms from a reliable source, such as a teacher, health care provider, the CDC National STD and AIDS Hotlines, or the ASHA website, www.iwannaknow.org.
   * Because Felicia has had sex and different partners, and because STD/HIV symptoms are often hidden in women, Felicia should immediately see a health care provider about her concerns.
   * If Felicia has an STD/HIV infection, she should get her former partners to a health care provider or have a public health specialist contact them.
   * If Felicia chooses to have sex after discovering she is infected with STD/HIV, she should limit her sexual activity to one partner after being treated and use condoms. She should also inform a partner if she has an incurable STD, like HIV infection or genital herpes.
   * _____
     _____

PROBLEM SITUATION 4

Problem: **Saher thinks he has an STD. He realizes that having an STD can cause serious health problems, especially if it is not treated quickly. But, he is scared and does not know what to do. He is worried that his parents will be told.**

1. What is **THE PROBLEM?**
   * Saher does not know what to do after suspecting that he has an STD infection.
   * _____

2. What are **IMPORTANT FACTS?**
   * Saher suspects an STD infection.
   * It is not unusual for a person to be scared or anxious if an STD is suspected.
   * Saher is correct in believing that having an STD can lead to serious health problems.
   * Saher does not know if he is actually infected with an STD.
   * If Saher is infected, he could pass on an STD if he has sex or shares injecting drug equipment.
   * Saher should see a health care provider quickly and take his partners with him.
   * Teenagers can get STD/HIV counseling, testing, and treatment without parental permission or knowledge.
   * _____

3. What are **THE POSSIBLE OPTIONS?**
   * Saher can keep his concern and fear to himself and wait to see if he gets better or if his sex partner(s) get an STD.
   * Saher can talk to a friend about his concern and fear.
   * Saher can talk to a trusted adult about his concern and fear.
   * Saher can go to a doctor and take his sex partner(s).
   * _____

4. What is **THE BEST SOLUTION?**
   * Saher stops having sex. Then he goes immediately to a health care provider.
   * _____
   _____

PROBLEM SITUATION 5

Problem: **Portia wonders if she has been infected with HIV. She wants to get a test but does not want to go to her family doctor. Portia is worried that the test results may not be confidential. She does not know where to get the test.**

1. What is **THE PROBLEM?**
   * Portia does not know where to get confidential testing to determine if she is infected with HIV.
   * _____

2. What are **THE IMPORTANT FACTS?**
   * The results of all HIV testing are confidential, including testing from family doctors.
   * The health department of many towns also have confidential testing. They also can provide couseling about whether a person should be tested for HIV infection.
   * If Portia is a minor, she can get HIV counseling, testing, and treatment without parental consent.
   * Public HIV/AIDS or STD clinics operated by the health department, family planning clinics, private doctors, and hospitals provide HIV testing.
   * _____

3. What are **THE POSSIBLE SOLUTIONS?**
   * Portia can talk with her parents, a teacher, a counselor, or another trusted adult about her situation.
   * Portia can go to her family doctor and express her concerns about the test results being confidential.
   * Portia can contact the local health department or the CDC National STD and AIDS Hotlines to learn where to get HIV testing.
   * _____

4. What is **THE BEST SOLUTION?**
   * Portia contacts the local health department to determine where she can talk to a counselor about HIV testing. If there is no public health clinic nearby, Portia can go to a hospital, family planning clinic, or a private doctor whom she trusts.
   * _____

PROBLEM SITUATION 6

Problem: **James develops symptoms of an STD. He decides to go to an STD clinic. He's diagnosed as having an STD. James wants his sex partner to get treatment, too, but he doesn't know the partner's name or where the person lives. He doesn't know what to do.**

1. What is **THE PROBLEM?**
   * Finding James' sex partner.
   * _____

2. What are **THE IMPORTANT FACTS?**
   * James has an STD that he possibly gave to, or got from, his sex partner.
   * James does not know the name and address of the sex partner.
   * The partner needs to see a health care provider for tests. The partner could have an STD and be passing it on or could become ill.
   * STD disease intervention specialists are trained to find sex partners whose names are not known.
   * _____

3. What are **THE POSSIBLE SOLUTIONS?**
   * Hoping his partner doesn't have the disease, James does nothing.
   * James can try to find his partner by going to the place where they met.
   * James can ask the STD disease intervention specialist to try to locate his partner.
   * _____

4. What is **THE BEST SOLUTION?**
   * James should ask the STD disease intervention specialist to try to locate his partner. James should also try to locate his partner by going to the place where they met.
   * _____
     _____

LEARNING OPPORTUNITY 16

Internet STD/HIV Advice Council

Purpose

To provide rehearsal in solving problems related to STD/HIV.

Objective

The student will create a solution to STD/HIV situations represented in e-mail letters submitted to an imaginary school STD/HIV Advice Council concerning:

- Peer pressure (Letter 1).
- Pressure from a partner (Letter 2).
- A mutually sexually exclusive couple's chances of getting STD/HIV (Letter 3).
- Avoiding STD (Letter 4).
- Recognizing an STD/HIV infection (Letter 5).
- Interacting with an infected friend (Letter 6).

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 15 (see Appendix B, page 89)

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 15 to each student. Describe the purpose and directions. Ask students to create an answer to the letter. They are to imagine that the letter was submitted to a school STD/HIV Advice Council website and that the letter and response will be published on the website or in the school newspaper.
2. The activity can be completed by an individual or a small group of students.
3. Following the students' work, a class discussion can be conducted.
4. The student should provide a solution to the situations on his or her own paper.
5. As an additional activity, the teacher might have students create letters that reflect other STD/HIV problems of teenagers. Space for writing a letter, and its solution, is provided on the student worksheet.

Correct Answers

Each letter, with a suggested response, is provided below. Student answers do not need to match the suggested responses word for word to be considered acceptable. A little space is provided following each suggested answer to allow the instructor to record other good responses that might have emerged during discussion.

Letter 1

Dear STD/HIV Advice Council,

Some of my friends are pressuring me to do things I don't want to do. Some of the things might cause me to get an STD. I'm afraid that if I don't give in, they will stop being my friends. I want to keep their friendship, but I also want to keep my values. What should I do?

- Pressured Pamela

Dear Pamela,

Congratulations! You want to do the things that are the most responsible and health promoting. We applaud you for wanting to keep your values. Call the CDC National STD and AIDS Hotlines (1-800-227-8922) to get information and then share it with your friends. Ask them to stop pressuring you. Tell them that you want to remain friends but may not be able to if they continue pressuring. You may have to find other friends. Ask your parent, teacher, religious leader, or other adult you trust to help you with this situation. Good luck.

- STD/HIV Advice Council

Letter 2

Dear STD/HIV Advice Council,

Chi-Huang and I have been dating for about a month, and he has been trying to persuade me to have sexual intercourse. He says that he loves me and that, if I loved him, I would want to have sex too. Even though I really like him, I don't feel that I am ready for intercourse. Besides, I don't want to take a chance of getting an STD or becoming pregnant! I'm not sure if he has other girlfriends. How can I refuse his pressure so that he won't dump me?

- Not-ready Naoko

Dear Naoko,

Tell him that even though you really like him and want to continue dating him, you don't want to have sexual intercourse. Explain to him that intercourse is never a way to prove one's love to someone else. Continue by saying that if he really loves you, he wouldn't push you into something you don't want to do. Emphasize that a dating couple can have a good relationship without having intercourse. If he cannot respect your position, then he may not be the type of person you want to be dating.

- STD/HIV Advice Council

Letter 3

Dear STD/HIV Advice Council,

Because of the newspaper and television reports about STD, especially AIDS, I've been very afraid of getting an STD. My girlfriend and I have sex with each other only, and we don't use injecting drugs. What's my chance of getting an STD like AIDS?

- Afraid Antonio

Dear Antonio,

If you and your partner were not infected with an STD when you started having sex and (1) you never have sex with anyone else, (2) she never has sex with anyone else, and (3) both of you never use injecting drugs, it is unlikely that either of you will get an STD or HIV. In order to be sure that you do not get an STD or HIV in the future, you and your girlfriend must meet these conditions. Sometimes it is difficult for a couple to meet these conditions. Do you think your relationship can? If not, you can reduce your risk by abstaining from sex or drug use, or using condoms during sex.

- STD/HIV Advice Council

Letter 4

Dear STD/HIV Advice Council,

I've been dating a girl for 2 months. Sometimes we have sex. I think that my girlfriend might be having sex with other guys, but I'm not sure. I'm afraid that she might get an STD and then give it to me. I sure don't want an STD. What should I do?

- Worried William

Dear William,

Since you think your girlfriend is having sex with other guys, stop having sex with her. Go immediately to a doctor or another health care provider for an examination to make sure you don't already have an STD or HIV. Your girlfriend should also be examined. If you want to continue seeing her, tell her that you and she can have sex only with each other and only if neither has an STD. It's too risky to have more than one sex partner.

- STD/HIV Advice Council

Letter 5

Dear STD/HIV Advice Council,

I've been having sex with some different people. Lately, I've started to worry about getting an STD. If I ever get an STD, I want to know right away. How will I know if I get one?

- Concerned Carlos

Dear Carlos,

Since you have sex with different people you have a greater chance of getting STD/HIV than if you had just one or no partners. You indicate that you are worried about getting an STD or HIV. Stop having sex, go to a doctor or another health care provider immediately to make sure you are not already infected. Don't wait until symptoms appear. You may be infected and not have symptoms. The symptoms of STD include genital or rectal discharge, abdominal pain, painful urination, skin changes, genital itching, and flu-like symptoms. The early symptoms of HIV infection include tiredness, swollen lymph glands, fever, loss of weight, diarrhea, and night sweats. In the future you can reduce your chances of getting an STD or HIV by reducing your number of sex partners and always and correctly using a latex condom. Continuing to have different sex partners is physically and emotionally risky. Talk with a counselor or trusted adult about your number of sex partners.

- STD/HIV Advice Council

Letter 6

Dear STD/HIV Advice Council,

I just found out that one of my close friends has AIDS. My friend needs me now, but I'm scared. I'd like to give him a hug and hold his hand. Can I get the AIDS virus by being too close to my friend?

- Scared Shilpa

Dear Shilpa,

It is great that you want to support your friend. He does need your friendship. HIV cannot be transmitted by hugging or holding hands. You cannot get HIV by being near someone who has HIV or AIDS. HIV is transmitted by intimate sexual contact and sharing injecting drug equipment. Call the CDC National STD and AIDS Hotlines (1-800-227-8922) for information. Good luck.

- STD/HIV Advice Council

LEARNING OPPORTUNITY 17

What If ...

Purpose

To facilitate student examination of what should be done if the person is faced with various STD/HIV situations.

Objective

Each student will describe what he or she would do if faced with certain STD/HIV situations.

Type of Activity

Individual completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 17 (see Appendix B, page 91)
Pencil

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 17 to each student. Describe the purpose and directions. Ask students to describe what they would do if faced with the presented situation.
2. Have students complete the activity individually or in small groups.
3. The teacher can conduct a discussion with the entire class.
4. The teacher may decide not to have any class discussion, but allow time for individual student reflection.

Note

The teacher should inform students that they are not required to share any personal opinions. It is particularly important that the teacher follow the suggested guidelines for LO given at the beginning of this chapter. That is, student participation should be voluntary, no names should be placed on the sheets, and views and questions expressed by students should be treated with respect by the teacher and other students.

LEARNING OPPORTUNITY 18

Unanswered STD/HIV Questions

Purpose

To discover answers to questions asked about STD/HIV during the instructional unit and to provide students with the experience of contacting one of the American Social Health Association's STD information services.

Objective

The student will learn the correct answers by properly using the STD information services.

Type of Activity

Selected small-group activity out of class

Materials

Student Worksheet 18 (see Appendix B, page 93)
Paper and pencil
American Social Health Association contact sources in STD/HIV FACT # 4

Time

20 minutes in class

Suggested Procedure

1. Ask a small group of students to record any questions asked during the unit which cannot be answered by the textbook or teacher. Provide Student Worksheet 18 to these students.
2. Near the end of the unit, the recording students should contact one of the American Social Health Association's information sources for the correct answers to the questions. Provide time for the students to report the answers to the entire class.

LEARNING OPPORTUNITY 19

Students as STD/HIV Prevention Educators

Purpose

To prepare students as STD/HIV prevention educators for peers and younger students.

Objective

The student will:

- develop a lesson plan for STD/HIV prevention education.
- present the lesson to a target group.
- evaluate the lesson and revise a plan according to results.

Type of Activity

Small-group discussion and planning
Field experience as prevention educator
Class discussion

Materials Needed

Student Worksheet 19 (see Appendix B, page 94)
STD/HIV content material, such as the student manual
Pencil

Time

45-60 minutes

Suggested Procedure

1. Distribute Student Worksheet 19 to the participating students. Describe the purpose and directions.
2. Provide any needed materials concerning STD/HIV content, teaching strategies, and student needs.
3. Provide examples of lesson content, such as objectives and methodology.
4. Form teaching teams of individual students or groups of students.
5. Assist students in developing a lesson plan.
6. Ask students to complete Student Worksheet 19.
7. If possible, provide opportunities to videotape part of their presentations for review.
8. Assist students in evaluating their plans and presentations.

Chapter 4
Test Questions

Teachers may use the test questions presented if they desire to conduct a written examination. Questions include five types: (1) true or false; (2) multiple choice; (3) short answer; (4) essay; (5) life situations. The correct answer and the page of the student manual where the concept is discussed are included for each question.

The questions cover only information discussed in the STD/HIV FACTS and do not include material from other parts of the textbook, such as the Summary Charts of Important STDs.

The teacher may not wish to use all of the questions. The students' language skills and comprehension level, in particular, should be considered.

TRUE OR FALSE

T (p. 8)	1.	Most teenagers underestimate the number of teens infected with STD/HIV.
F (p. 9)	2.	HIV is the only STD that should concern teenagers.
T (p. 12)	3.	Heterosexual contact is the primary mode of HIV transmission worldwide.
T (p. 12)	4.	A person's health behaviors, not who they are, determine whether that person acquires STD/HIV.
T (p. 13)	5.	STDs are more easily transmitted from men to women, than from women to men.
F (p. 13)	6.	Teenagers do not need to worry about HIV infection, because few teens have HIV/AIDS.
T (p. 14)	7.	STD rates tend to be higher among African Americans and Latinos.
T (p. 14)	8.	STDs can lead to serious health problems.
F (p. 16)	9.	All of the STDs can be cured by medical treatment.
F (p. 16)	10.	Vaccines are available for most STDs.
F (p. 19)	11.	A person becomes immune to most STDs after becoming infected.
T (p. 20)	12.	STDs can be transmitted during oral sex.
T (p. 21)	13.	Both females and males can transmit STD/HIV.
T (p. 21)	14.	Teenagers having much older boyfriends/girlfriends have greater risk for STD/HIV.
T (p. 22)	15.	In the United States, it is now nearly impossible to become infected with HIV from a blood transfusion.
T (p. 23)	16.	Having an STD increases one's chance of acquiring HIV.
F (p. 24)	17.	Many persons have been infected with HIV through casual contact such as shaking hands with an infected person or drinking from a glass an infected person used.
F (p. 25)	18.	The latex condom is 100% effective in preventing STD/HIV infection.
T (p. 25)	19.	The percentage of U.S. high school students who report ever having had vaginal intercourse declined in the past decade.
T (p. 27)	20.	Trying to determine who has STD/HIV by just looking at the person is rarely effective.
T (p. 28)	21.	Persons using injecting drugs should not share the needles or syringes.
T (p. 28)	22.	The mixing of alcohol, drugs, and sex is a serious problem among U.S. teens.
F (p. 29)	23.	A child has about a 75% chance of being born with HIV if the mother has HIV and is not treated.
T (p. 29)	24.	An HIV-infected mother should not breastfeed.
F (p. 29)	25.	Most persons infected with HIV know they are infected.
T (p. 32)	26.	Peer norms about sex and risk reduction affect teenager's sexual behavior.
T (p. 35)	27.	Unusual changes in the genitals and body of a person having sex may indicate STD/HIV infection.

T (p. 37) 28. A person infected with HIV may get serious illnesses more easily.

F (p. 39) 29. It is safe for a person suspecting an STD/HIV infection to continue having sex until checked by a health care provider.

F (p. 42) 30. In most states, teenagers must get parental permission to get STD/HIV testing and treament.

T (p. 43) 31. Calling the local health department is one of the best ways of finding STD/HIV help.

F (p. 44) 32. There is a fee for calling the CDC National STD & AIDS Hotline.

T (p. 44) 33. The American Social Health Association website, www.iwannaknow.org, is specifically designed for teenagers.

T (p. 46) 34. STD/HIV tests are not given as part of most regular medical check-ups.

F (p. 46) 35. There is one test that tests for all STDs.

T (p. 46) 36. A major limitation of the HIV "home test kit" is that counseling is done on the phone instead of in person.

F (p. 47) 37. All STDs are treated the same way.

T (p. 48) 38. Newer treatments for HIV/AIDS have dramatically enhanced the health and length of life for many persons living with AIDS.

T (p. 54) 39. A person cured of an STD can get the disease again if sexual activity resumes before the partner is cured.

F (p. 55) 40. The identity of the person who provided his or her name is given to the person the public health specialist contacts about a possible STD/HIV.

MULTIPLE CHOICE

b (p. 12) 1. Which statement concerning AIDS and HIV infection is *false?*

a. There are more persons infected with HIV than those actually classified as having AIDS.
b. Heterosexuals in the United States do not have much chance of getting HIV.
c. Males, females, and children have been infected with HIV.
d. AIDS cases are found in small and large cities, as well as rural areas.

b (p. 13) 2. Which statement about STD/HIV and gender is *false*?

a. Women suffer more damage to their reproductive systems than men.
b. Women are more likely to have noticeable early STD symptoms.
c. Women represent a growing proportion of new AIDS cases.
d. About 30% of new HIV infections are women.

a (p. 19) 3. The most common way STD/HIV is transmitted is:

a. by sexual contact.
b. by injecting drug use.
c. by blood transfusions.
d. from mother to child.

d (p. 20) 4. Which statement concerning STD/HIV transmission during sexual contact is *false?*

a. Vaginal intercourse is the most common way STDs, including HIV, are transmitted.
b. Either sex can be infected with STD/HIV during anal intercourse.
c. HIV can be more easily transmitted during anal intercourse than vaginal intercourse.
d. The person receiving oral sex is generally at greater risk for STD/HIV.

a (p. 20) 5. Which statement concerning STD/HIV transmission by kissing is *false?*

a. Getting an STD from kissing is very common.
b. Open-mouth, deep kissing is considered a very low-risk activity for HIV transmission.
c. HIV has been found in saliva, but in very small amounts.
d. One should not have open-mouth kissing with an HIV-infected person.

c (p. 21) 6. Which statement concerning multiple partners is *false?*

a. Condoms reduce the risk of acquiring STD/HIV if a person has multiple sex partners.
b. The more sex partners a person has, the greater the chance of getting STD/HIV.
c. There is no chance of getting STD/HIV from multiple partners if each one tells you they do not have STD/HIV.
d. There is a risk of getting STD/HIV from having multiple sex partners even if you know each partner.

a (p. 23) 7. Which one of these statements dealing with getting an STD/HIV is *false*?

a. Getting an STD from objects is fairly easy.
b. The risk of getting STD/HIV increases with each new sex partner.
c. HIV may be passed during breast feeding.
d. STD/HIV can be passed during oral sex.

d (p. 23) 8. Which statement about HIV transmission is *false?*

a. HIV is not like the flu, cold, or measles.
b. HIV cannot be spread by casual contact.
c. HIV is not spread by insects, like mosquitoes.
d. Friends of HIV-infected persons have acquired HIV by being near the person.

b (p. 23) 9. Which statement about HIV transmission by blood is *false*?

a. Donating blood is not a risk behavior for acquiring HIV.
b. Several cases of HIV being transmitted while playing sports have been reported.
c. It is very unlikely that a person could become infected with HIV from a blood transfusion.
d. HIV or hepatitis B transmission can occur if tattoo or body piercing instruments contaminated with blood are not sterilized between clients.

d (p. 23) 10. The surest way to avoid STD/HIV is by:

a. having only one sex partner.
b. using condoms during sex.
c. carefully selecting sex partners.
d. not having sex or injecting drugs.

c (p. 25) 11. Mutual sexual exclusivity is 100 percent effective in avoiding STD/HIV only if sexual partners:

a. use a condom for every sexual contact.
b. avoid anal intercourse.
c. were not infected when they started sex, and both avoid injecting drugs and sex with others.
d. state that he/she has not had sex with high-risk persons.

a (p. 25) 12. Which statement about preventing STD/HIV by mutual sexual exclusivity is *false?*

a. Mutual sexual exclusivity works only if it is practiced in marriage.
b. Uninfected partners who practice mutual sexual exclusivity will not get STD/HIV from sex.
c. Sexual exclusivity works unless one's partner uses injecting drugs or was infected when the relationship started.
d. Knowing whether a partner is sexually exclusive is sometimes impossible.

a (p. 25) 13. Which statement about using condoms for preventing STD/HIV is *false?*

a. Intercourse is the only sexual activity for which condoms are needed.
b. Condoms reduce STD/HIV risk, but are not 100% effective.
c. An empty space should be left at the end of the condom when it is used.
d. A condom should be used even if one carefully selects sex partners.

c (p. 25) 14. Which one of these statements dealing with STD/HIV prevention is *true*?

a. Oral contraceptives prevent STD/HIV.
b. Washing the genitals after sex is a sure way of preventing STD/HIV.
c. Sexual abstinence is the only reliable way of avoiding STD/HIV.
d. Many STDs have vaccines.

d (p. 26) 15. Which statement about condoms and STD/HIV prevention is *false*?

a. Natural membrane (sheepskin) condoms should not be used for STD/HIV prevention.
b. No evidence exists on the effectiveness of the female condom for STD/HIV prevention.
c. The male latex condom is highly effective in preventing HIV transmission.
d. Nonoxynol-9 should be used with condoms to help prevent STD/HIV.

b (p. 27) 16. Which statement concerning the selection of new sex partners is *false?*

a. Knowing for sure if a partner is infected is difficult.
b. Insisting that new sex partners get tested for STD/HIV *eliminates* the risk of becoming infected.
c. Determining who is uninfected just by looking at the person is not accurate.
d. A person thinking of having sex should consider that anyone could be infected.

b (p. 37) 17. Which statement concerning having an HIV infection and AIDS is *true*?

a. Most persons with HIV infection have recovered.
b. One can be infected with HIV without having symptoms.
c. All persons with an HIV infection have developed AIDS.
d. Nearly all persons diagnosed with AIDS have died.

a (p. 38) 18. Which statement about HIV/AIDS is *false*?

a. HIV is transmitted only when symptoms of infection are present.
b. AIDS usually develops from two to ten years after infection with HIV.
c. Opportunistic diseases is what usually makes a person with HIV so ill.
d. Not all persons with HIV have develop AIDS, although most probably will as time progresses.

d (p. 38) 19. How long does it take for AIDS to develop after an HIV infection?
   a. 2 to 4 weeks.
   b. 1 to 2 years.
   c. A few weeks to 3 years.
   d. Two to 10 years or more.

d (p. 39) 20. Which one of these statements about STD symptoms is *false*?
   a. Females are less likely than males to have symptoms of STD other than HIV.
   b. The symptoms of some STD disappear without treatment.
   c. Abdominal pain from an STD may indicate pelvic inflammatory disease.
   d. STD/HIV are transmitted only when symptoms are present.

a (p. 39) 21. Which one of these statements about STD symptoms is *false*?
   a. A person suspecting STD/HIV should not go to a health care provider unless certain of an infection.
   b. Itching in the genital area may mean an STD.
   c. It is unwise to use drugs from friends to cure an STD.
   d. Painful urination could indicate an STD.

b (p. 46) 22. Which one of these statements about the HIV antibody test is *false*?
   a. Persons infected with HIV can transmit the virus to others.
   b. All persons with positive test results have AIDS.
   c. Test results may be negative shortly after a person has been exposed to HIV.
   d. The antibody test results are very accurate, but not perfect.

c (p. 46) 23. Which statement about HIV testing is *false?*
   a. A positive test nearly always means that the person has been infected with HIV.
   b. A negative test result usually means that the person does not have HIV antibodies.
   c. A negative test taken soon after risky behavior means the person does not have HIV in the blood since the HIV antibodies develop immediately.
   d. It is a very bad idea to donate blood to find out if one is infected with HIV.

c (p. 48) 24. Which one of these statements about having HIV infection is *false*?
   a. HIV destroys certain cells that help the immune system protect a person from disease.
   b. HIV itself usually does not kill the person.
   c. New treatment drugs have *eliminated* all deaths from HIV/AIDS.
   d. Persons with HIV may get severe illnesses healthy people do not acquire.

SHORT ANSWER

(p. 11) 1. About how many million people in the U.S. become infected with an STD each year?
(15 million)

(p. 12) 2. About what proportion of new STD cases occur in teenagers?
(one-fourth)

(p. 13) 3. Name three reasons why people who become sexually active at an early age have greater risk for STDs.
(early initiation increases total time they are sexually active; more likely to have non-voluntary intercourse; less likely to consistently use condoms)

(p. 19) 4. Name the three major ways STD/HIV are passed.
(sexual contact, infected blood, and infected mother to child)

(p. 25) 5. What major factors should be considered when deciding whether or not to have sex with someone?
(maturity, age, personal and family values, religious beliefs)

(p. 26) 6. What type of condom should be used to reduce risks of STD/HIV?
(latex or polyurethane)

(p. 36) 7. Name the six major symptoms of STDs, other than HIV, given in the book.
(genital or rectal discharge, abdominal pain, painful urination, skin changes, genital itching, and flu-like symptoms)

(p. 37) 8. Most persons infected with HIV do not suspect they are infected until what occurs?
(opportunistic disease develops)

(p. 39) 9. Name three things a person diagnosed as having an STD/HIV should do.
(follow the doctor's directions, do not have sex until cured or practice risk reduction if STD cannot be cured, get partners to a health care provider)

(p. 43) 10. Name five major places that provide STD/HIV testing and treatment?
(STD and HIV/AIDS clinics, health departments, private doctors, hospitals, family planning clinics)

(p. 43) 11. Which local government agency is the best source of STD/HIV information?
(health department)

(p. 53) 12. Name the three major reasons for getting sex and injecting drug-use partners to a health care provider.
(prevent serious illness in the partner, prevent reinfection, help control the spread of STD/HIV)

ESSAY

(p. 8) 1. Why are the STDs called "hidden epidemics?"
(Many Americans are unaware of how serious the STD epidemics are in the U.S. Many STDs do not show early symptoms. Social stigma hinders open discussion about sexual health issues, resulting in the STDs being a dangerous secret.)

(p. 12) 2. How common are STD/HIV among teenagers and young adults?
(About one-fourth of new cases of STD are in teenagers, and every year about one in four sexually active teens gets an STD. Two-thirds of STD cases occur in people ages 15-24. Half of the new HIV infections in the U.S. each year occur among young people ages 13-24. Young adults ages 13-25 are contracting HIV at the rate of two per hour.)

(p. 13) 3. Why are teens and other young adults at greater risk for STD/HIV?
(They are more likely to have multiple sex partners, engage in risky behavior and to select high-risk partners. Teenage women are more susceptible to certain STDs because of a more immature cervix.)

(p. 14) 4. Describe the health problems resulting from STD/HIV.
(Without medical care, some STDs can lead to permanent body damage, such as sterility, ectopic pregnancy, cancer, infant damage and death, heart disease, blindness, brain damage, and death. Herpes can cause painful sores that may occur throughout a person's lifetime. Also, cervical cancer has been associated with human papillomarvirus/genital warts and genital herpes.)

(p. 15) 5. Why are STD/HIV a serious health problem?
(Factors contributing to the STD/HIV problem include the biology of some STD/HIV, risky health behaviors, negative attitudes resulting in delay or avoiding treatment and lack of partner referral, injecting drug use, and poor living conditions.)

(p. 21) 6. Describe the sexual lifestyle that places a person at the least and the greatest risk for acquiring STD/HIV.
(A person who practices sexual abstinence, has sex with one uninfected partner, or avoids injecting drug use is unlikely to contract a serious STD. Persons with different partners or persons who use injecting drugs and shares needles are more likely to be exposed to STD/HIV. The more partners a person has, the greater the chance of getting STD/HIV.)

(p. 25) 7. What are some major advantages of teenagers being sexually abstinent from intercourse?
(Teenagers who are abstinent usually have fewer problems than those who get sexually involved. They do not have to worry about pregnancy and their STD/HIV risk is greatly reduced. Being abstinent is normal and healthy. Early sexual activity has both mental and physical risks.)

(p. 30) 8. What should persons infected with STD/HIV do to avoid infecting others?
(They should not have sexual contact until cured and should avoid exposing others to their blood, semen, and vaginal fluids if they have an HIV infection. If a person has an incurable STD, he/she should practice abstinence or risk reduction such as condom use and inform the partner about the STD. HIV-infected women should avoid pregnancy and breastfeeding. Pregnant women with an STD should receive prenatal medical attention. HIV-infected persons should not donate blood, semen, body organs, or tissues.)

(p. 31) 9. What can teenagers do to resist negative peer pressure?

(You can learn your values and the values of your parents or trusted adults, practice resisting negative peer pressure, avoid persons who might pressure you to practice risky behavior and identify trouble situations. When pressured, state your decision, state why you refuse to take the risk, be firm in talking, take action, and suggest an alternative activity.)

(p. 54) 10. Why is taking the sex partner to the STD/HIV clinic on the first visit considered a very good way of getting the partner to treatment?

(The partner, who may not know that he or she could be infected, can be treated sooner. Therefore, chances are greater that the STD may not cause serious harm and that the partner will not infect others. The possibility of the couple reinfecting each other is also lessened. Finally, some people might feel comfortable going to doctors with their sex partner.)

(p. 61) 11. How can one keep informed about STD/HIV?

(A person can call the CDC National STD & AIDS Hotlines. One can use the American Social Health Association's Internet web site for teenagers, www.iwannaknow.org. A teen might also be able to get information from a parent or guardian, religious leader, local health department, physician, health teacher, school nurse, or counselor.)

(p. 62) 12. How can a teenager promote healthy peer norms?

(A teen can inform peers that not all young people are engaging in risky behaviors. State that avoiding risky behaviors is normal and wise. One can teach others how to deal with peer pressure. Also, one can create and promote ways of having fun that do not expose persons to STD/HIV infection.)

(p. 64) 13. What facts are important to know if one's friend develops HIV infection?

(Many persons with HIV infection have been mistreated. Some have been rejected by friends. Many have felt isolated and emotionally distressed. HIV is not passed by casual contact. The friend needs support and understanding. Continue sharing activities and conversation. The families of HIV-infected persons may also need help.)

LIFE SITUATIONS

a (p. 22) 1. Chris and Paul sometimes shoot injecting drugs together and with their friends. Often, they share the same drug needles. However, they do not have sex with each other. They have certain beliefs about their lifestyle and HIV infection. Which belief listed below is *false*?

a. We have no chance of getting HIV since we are shooting drugs only with friends.
b. We should get counseling about whether we should take the HIV-antibody test.
c. It would be wise to stop sharing needles, even if we shared them before.
d. We could be infected with HIV, even though we do not have sex.

b (p. 27) 2. Stacey and Daryl are high school students who are dating each other. They are considering having sex and have decided to talk about STD/HIV. Some of their statements are correct; some are wrong. Which one of the comments below is *false*?

a. If we have sex, Daryl should use a condom although that only reduces risk.
b. It would be safe for us to have sex since neither one of us looks like we are infected.
c. If we start having sex, we should be mutually sexually exclusive.
d. It is impossible to know for certain if we have no risk of STD/HIV, because we cannot be perfectly sure of each other's past.

b (p. 39) 3. Lai thinks she might be infected with an STD. But, she does not have symptoms. She wants to do something about her concerns. Which behavior would be the *wisest*?

a. She asks her sex partners if they have symptoms.
b. She immediately talks to a health care provider.
c. She waits to see if she develops symptoms.
d. She takes medicine she got from a friend.

c (p. 45) 4. Maria and Fernando have decided to have sex with each other. Both have had sex with others, but believe that they are not infected with STD/HIV. However, they want to be certain that neither one acquires STD/HIV. What would be their *wisest* choice?

a. Maria will take the birth control pill.
b. Fernando will wear a condom during sex.
c. Both will talk with an STD/HIV counselor about testing before having sex.
d. They will have sex unless STD/HIV symptoms appear.

a (p 48) 5. Jason, a member of his school's soccer team, has been having sex with some teenage girls he knows. A few days ago he noticed some pus coming from his penis. Which one of Jason's thoughts is correct?

a. Even though the pus has now stopped coming from my penis, I still shouldn't have sex until a health care provider checks me.
b. My girlfriends don't have any symptoms, so I probably don't have an STD.
c. The pus is probably the result of a soccer injury I got last week.
d. Because doctors charge more money than I have, I'll get a medical book at the library to see if I have a disease.

c (p. 54) 6. Kayla just found out from her doctor that she has an STD. She wants her partner to see a doctor, too. But, she doesn't know what to do. She asks a friend for advice. Which one of her friend's suggestions listed below is *correct*?

a. There is no hurry to inform the partner. He will get STD symptoms soon anyway.
b. If you give your partner's name to a health care provider, you are squealing on him.
c. Don't have sex again until your partner is cured. You could get the STD again.
d. Don't give your partner's name to the doctor. The STD public health specialist usually tells the partner who gave his name.

Appendix A
Handouts

This appendix contains three sheets that can be distributed to students:

SOURCES OF STD/HIV HELP
This sheet is a duplicate of a form found on the inside of the back cover of the student manual. It can be given to students if they are not permitted, or do not desire, to write in the manual. The teacher should assist the students in completing the form.

STD/HIV SUMMARY SHEET
This sheet is a duplicate of the summary found at the end of the student manual. It can be used for informing persons who do not have the student manual. For example, it can be placed on a school bulletin board or distributed at a health fair.

GUIDELINES FOR CONDOM USE
This sheet provides guidance for correct condom use. Persons planning to use condoms to reduce the risk of STD/HIV should have this information. In some schools, teachers may desire and be permitted to distribute this handout to students. The teacher should adhere to local school policy in determining whether distributing the sheet is appropriate.

SOURCES OF STD/HIV HELP

Community Sources for STD/HIV Help and Information

_____

_____

_____

_____

_____

CDC National STD & AIDS Hotlines

English-speaking: 1-800-227-8922
24 hours a day, 7 days a week

Spanish-speaking: 1-800-344-7432
8:00 a.m. - 2:00 a.m., ET, 7 days a week

Hearing-impaired: 1-800-243-7889
10:00 a.m. - 10:00 p.m., ET, weekdays

National Herpes Resource Center

www.ashastd.org/hrc/index

National Herpes Hotline:
1-919-361-8488, 9:00 a.m. - 7:00 p.m., ET, weekdays

National HPV and Cervical Cancer Prevention Resource Center

www.ashastd.org/hpvccrc/index

National HPV Hotline:
1-919-361-4848, 12:00 p.m. - 7:00 p.m. ET, weekdays

www.iwannaknow.org

HIV/STD Internet site directed specifically for teenagers.

Minors can get STD/HIV counseling, testing and treatment without parent consent in every state

STD/HIV Summary Sheet

Sexually transmitted diseases (STDs), including HIV infection and AIDS, are a major health problem in the United States. More than 15 million people in the U.S. become infected with an STD each year. About one-fourth of the new STD cases occur in teenagers. Young adults ages 13-25 are contracting HIV at the rate of two per hour. STDs are "hidden" epidemics because many Americans are unaware of how serious the STD epidemics are in the U.S. and many STDs do not show early symptoms. Social stigma hinders open discussion about STDs. Most sexually active teens underestimate their risk for STD/HIV. An untreated STD can lead to sterility, pelvic inflammatory disease, infant damage, mental illness, cancer, and death. Anyone, regardless of age, gender, race/ethnicity, social status, or sexual orientation can get STD/HIV. What a person does – not who they are – exposes them to STD/HIV.

WHAT ARE STD/HIV? More than 25 diseases are classified as STDs. Important STDs include chlamydia infections, genital herpes, gonorrhea, hepatitis B, HIV infection and AIDS, human papillomarvirus/genital warts, pediculosis pubis, syphilis, and trichomonasis.

HOW ARE STD/HIV SPREAD? STD/HIV are caused by germs passed during vaginal intercourse, anal intercourse, or oral sex with an infected person. HIV, the virus that causes AIDS, can also be passed through blood such as from the sharing of injecting drug equipment. An infected mother can pass STD/HIV to her child. A person can get the same STD many times and have more than one STD at a time. A person is more likely to become infected with HIV when other STDs are present.

AVOIDING STD/HIV. Practicing sexual abstinence is the only completely reliable way to avoid STD/HIV. People who do not have any type of sexual intercourse or oral sex will not be exposed to any serious STDs unless they share injecting drug equipment. STD/HIV can also be avoided by two uninfected people having sex only with each other. Persons with many sex partners have the greatest chance of getting STD/HIV. People can reduce their chances by consistently and correctly using a male latex or polyurethane condom and avoiding people who are at risk, such as those having many sex partners. Spermicides or condoms with nonoxynol-9 should not be used for STD/HIV prevention alone. Not having sexual contact with injecting drug users or sharing injecting drug equipment are other ways to avoid STD/HIV. Persons with different partners, especially women, should have regular STD/HIV check-ups.

RECOGNIZING AN STD/HIV INFECTION. Persons practicing risky sexual behaviors need to be alert for STD/HIV symptoms. The major STD symptoms are: (1) genital or rectal discharge; (2) abdominal pain; (3) pain during urination; (4) skin changes; (5) genital itching; and (6) flu-like symptoms. Early warning symptoms of infection with HIV include: (1) recurring fever or profuse night sweats; (2) dry cough; (3) severe and unexplained fatigue; (4) swollen lymph glands in the armpits, groin, or neck; (5) diarrhea that lasts more than a week; (6) rapid weight loss; (7) pneumonia; (8) white or unusual spots on the tongue, in the mouth, or in the throat; (9) red, brown, pink, or purplish blotches on or under the skin, or inside the mouth, nose, or eyelids; and (10) memory loss, depression, or other nerve problems. Each of these symptoms can be related to other illnesses. Many men and women, but especially women, with an STD have no early symptoms. For some STDs, the symptoms disappear without treatment. But, most STDs can be passed to others when the symptoms are not present. Persons suspecting an STD/HIV infection should stop having sex, go to a doctor or clinic right away, and take their partners with them.

SEEKING TREATMENT. Persons who think they might have STD/HIV should not try to diagnose or treat their own condition. Only a health care provider can do these things. Most STDs can be cured easily and quickly. Those caused by a virus, such as HIV infection and AIDS, and genital herpes cannot be cured. No body damage may occur if an STD is treated soon enough. In every state, minors can get STD/HIV

counseling, testing, and treatment without parental consent. Anyone being treated for STD/HIV should follow the health care provider's directions. STD/HIV diagnosis and treatment is available from: (1) STD and HIV/AIDS clinics; (2) private doctors; (3) family planning clinics; (4) hospitals; and (5) other health care clinics. Calling the local health department is one of the best ways of finding STD/HIV medical care in your town. The health department is usually listed in the telephone book yellow pages under county or city government offices. Sometimes the health department is listed in the white pages under "health" or under the name of the county in which you live. If you do not know your county, ask another person. Also, the health department may be given in the blue pages of government listings. Also to get the location of the nearest STD or HIV/AIDS clinic or to get the latest information, call (for free) the CDC National STD & AIDS Hotlines at 1-800-227-8922. Spanish speaking callers dial 1-800-344-7432 and hearing impaired callers dial 1-800-243-7889. Young people can also get the latest STD/HIV information from, www.iwannaknow.org, an Internet website specially designed for teenagers.

GETTING PARTNERS TO TREATMENT. Persons with STD/HIV should be sure to get their partners to medical care. This is best done by taking the partner to a doctor or other health care provider. The partner can be told in person or over the phone (but not by e-mail) that he or she might be infected. A person can ask the health care provider to have the partner informed by an STD/HIV disease intervention specialist.

CONCLUSION. Each person's efforts is the best way of stopping STD/HIV. People can do this by being responsible for personal health and the health of any sex partners. A person can help wipe out STD/HIV myths by acting as an accurate source of STD/HIV facts and by being helpful and supportive to friends who get an STD/HIV. Also, a person can serve as a responsible role model and promote healthy peer norms.

Guidelines for Correct Condom Use

Studies have shown that consistent and correct use of the male latex condom can greatly reduce risk of STD/HIV, although condoms are not 100% effective. The condom is highly effective in preventing HIV transmission, and can reduce risk of transmission of chlamydia, gonorrhea, and trichomoniasis. The condom can also reduce the risk of genital herpes, human papillomarvirus/genital warts, and syphilis, but only when the infected areas are covered or protected by the condom.

Condom use can be most effective if the suggested guidelines listed below are carefully followed:

- Use only latex, not natural membrane (sheepskin), condoms. The new polyurethane (plastic) condoms can also reduce the risk of HIV/STD transmission.

- If the rubber material is sticky or brittle, discolored, or damaged, do not use the condom. Keeping condoms in a cool, dry place and out of the sun or hot places like a wallet will help prevent this. Also, check the expiration date on the package. Old condoms may be brittle, and should not be used.

- Use the condom for every type of sexual behavior between partners which involves contact with the penis. The condom should be used for the entire duration of that behavior.

- A new condom should be used for each different behavior, such as intercourse and oral sex.

- Do not use teeth or fingernails, or other sharp objects, when opening the condom wrapper as it is easy to tear the condom.

- Leave an empty space at the end of the condom to collect the semen. When putting on the condom remove any air remaining in the tip by gently pressing the air out.

- Put the condom on after the penis is erect and before the penis touches the partner.

- If you accidently put the condom wrong-side-up, discard the condom and use another one.

- Use water-based lubricants, such as K-Y jelly or glycerin. Do not use oil-based lubricants like Vaseline, vegetable oil, baby oil, or cold cream.

- Do not use spermicides containing nonoxynol-9 (N-9) nor condoms having N-9.

- After ejaculation, carefully withdraw the penis while it is still erect. Hold onto the rim of the condom as you withdraw so that the condom does not slip.

- If the condom breaks or slips off, discuss this with the partner and consider contacting a health care provider.

- Do not reuse condoms.

Appendix B
Student Worksheets

This appendix contains the student worksheets that are used with the learning opportunities given in Chapter 3. The number of the worksheet corresponds to the number of the learning opportunity. The worksheets can be duplicated and distributed to students. However, some of the worksheets may not need to be duplicated if the teacher gives the information verbally or places it on a chalkboard or on an overhead projector, for example.

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STUDENT WORKSHEET 1

Identifying STD/HIV Issues

Directions: List the responses to each of the questions below.

1. What issues, concerns, or problems about STD/HIV do teenagers face?

2. What type of persons or community groups can help teenagers deal with STD/HIV issues?

STUDENT WORKSHEET 2

Completing STD/HIV Sentences

Directions: After reading the first part of the unfinished sentence, write in what you think would complete the sentence.

1. STD/HIV among teens is . . .

2. Regarding STD/HIV, most sexually active teens think that. . .

3. Resisting negative peer pressure is . . .

4. Fearing STD/HIV is . . .

5. Talking with parents or other adults about STD/HIV is . . .

6. Talking about STD/HIV prevention with a dating partner is . . .

7. Avoiding STD/HIV by sexual abstinence is . . .

8. Reducing the risk of STD/HIV by having a mutually exclusive sexual relationship with another person is. . .

9. Using condoms to reduce STD/HIV risk is . . .

10. Not using injecting drugs to avoid HIV is . . .

11. People who get STD/HIV are . . .

12. People with HIV/AIDS need . . .

13. People infected with STD/HIV should . . .

14. Giving an STD/HIV to someone else would . . .

15. Going to a health care provider for STD/HIV tests would . . .

16. Denying equal opportunities for persons infected with HIV is . . .

STUDENT WORKSHEET 3

STD/HIV Rank-Ordering

Directions: Rank in order each possible answer, with "1" as the first choice, "2" as the middle choice, and "3" as the least desired answer. *If the teacher asks you,* give the reason why you ranked the answers.

1. Which type of pressure to have sex would be the *most* difficult to resist for a teenager wanting to be sexually abstinent?

   _____pressure from friends
   _____pressure from a dating partner
   _____one's own sexual feelings
   WHY?

2. What would be the *most* difficult issue for teenagers choosing to be sexual with another person?

   _____being sexually exclusive with the person
   _____convincing the sex partner to get tested for STD/HIV before sex
   _____using condoms for sex
   WHY?

3. Which is worse?

   _____becoming addicted to drugs
   _____becoming or getting someone pregnant (unplanned)
   _____getting genital herpes
   WHY?

4. Which disease would most teenagers *least* desire to give to someone else?

_____flu
_____chlamydia
_____mono (mononucleosis)
WHY?

5. The majority of teenagers would *most* like to learn that they might have an STD from

_____the sex partner in person
_____a phone call from the sex partner
_____an STD public health specialist
WHY?

6. The majority of teenagers would be *most* embarrassed being seen going into a

_____family planning clinic
_____mental health clinic
_____STD clinic
WHY?

7. With whom would teenagers like *most* to talk about being infected with an STD?

_____a friend
_____a parent
_____a counselor
WHY?

8. For most parents, it would be the *hardest* to accept a daughter or son who

_____failed classes at school

_____became infected with gonorrhea

_____was caught driving drunk

WHY?

9. The majority of teenagers would *most* likely help a person who needs

_____help with an STD problem

_____help in getting along with parents

_____help with dating problems

WHY?

10. If most teenagers had the chance, which condition would they end *first?*

_____poverty

_____discrimination

_____HIV

WHY?

STUDENT WORKSHEET 4

Spread of STD/HIV Opinion

Directions: After reading about the views of the two people decide which person you are most like? Mark an "X" at any point on the line between the two names. You may feel exactly like one of the persons or have feelings in between. If your teacher asks, explain why you have chose your stance.

1. AVOID ALI_____JOIN JESMINE

Ali believes that there are risky situations, like certain parties, where teenagers do things against their values. The teenagers are pressured to try things that could expose them to STD/HIV. Ali wants to avoid these situations. Jesmine thinks that there is not much peer pressure for persons her age. Besides, she feels that she can easily resist the pressure. Jesmine says she is not afraid to join others at almost any party or at risky situations.

Explain your answer:

2. TALKING TIANA_____QUIET QUINN

Tiana believes that it is important to talk about STD/HIV prevention before having sex with a partner. She thinks that this will increase the chances that she will avoid risky behavior. Quinn believes that talking with a partner is not necessary and will not help. He believes that the partner will lie about the past sexual activity and that one cannot convince a person to do things to reduce the chances of STD/HIV transmission, such as using condoms.

Explain your answer:

3. CAREFUL CARMEN_____SHARING SELINA

Carmen and Selina use injecting drugs. To avoid HIV infection, Carmen is very careful not to share needles or syringes to avoid HIV infection. She also is starting to realize it would be smart to stop using injecting drugs so her health will not be damaged. Selina shares her needles and syringes with friends. She also doesn't worry much about the effects of drugs on her health.

Explain your answer:

4. ALERT AMIR_____AVOIDING ARIANNA

Both Amir and Arianna have participated in sex with another person. Amir believes that one good way to learn if one needs to see a doctor about STD/HIV is to be alert for STD/HIV symptoms. He is always checking himself to notice any changes in his body, especially the genitals. Arianna thinks that checking oneself is a waste of time and disgusting. She believes that a sex partner will tell you if he or she has an STD/HIV.

Explain your answer:

5. SEEKING SHANNON_____DELAYING DEONTE

Shannon and Deonte are sex partners and they think they have an STD. Shannon is very concerned about getting really sick. She thinks they should see a health care provider very soon. Deonte doesn't want to go to a health care provider. He wants to wait to see if the symptoms go away. He hopes they have something else.

Explain your answer:

6. WITH WILLIAM_____WITHOUT WALT

William says that he would take his partner with him to the doctor if he thought he had STD/HIV. He says that both he and his partner could be checked at once. Having the partner there would make the other feel better. Walt says that he wouldn't want to go with a partner. He says that having an STD is a very private thing.

Explain your answer?

7. MODEL MANUEL_____DON'T CARE DAWN

Manuel believes that a person's health behaviors can influence others. He says that he wants to be a good role model for practicing STD/HIV prevention for other teens. Dawn believes that teenagers are not influenced much by peers. She is not concerned about being a good role model.

Explain your answer:

8. INCLUDE ISAIAH_____BAR BEVERLY

One of Isaiah's and Beverly's classmates has an HIV infection. Isaiah feels that the classmate should be permitted to continue attending school. He believes the medical authorities who say HIV is not passed by casual contact. Beverly thinks the HIV-infected classmate should be barred from school. She is worried that some type of blood spillage would occur that could expose people to HIV.

Explain your answer:

9. CONTINUE CHAN_____STOP SHEVON

Chan says if a friend of his developed an HIV infection, he would continue being friends with that person. He would want to help his friend. Chan believes that his support and understanding would be very valuable at this time. Shevon feels she could not be friends with someone who has practiced high risk behavior.

Explain your answer:

STUDENT WORKSHEET 5

Prevention Norms and Beliefs of Teens

Directions: List the responses to each of the questions below.
Norms are defined as the standard of conduct followed by a group, or the behavior typical of a group.

1. What are the sexual and STD/HIV prevention norms of your friends?

2. Are there groups of teenagers in your community who have risky sexual norms? Explain.

3. Do you think that the norms of some teenagers influence other teens to behave the same way?

4. Do you think that a teenager who associates with other teens who have permissive norms about sex and STD/HIV prevention would adopt those norms for herself/himself? Explain.

5. Do teenagers have accurate perceptions about the sexual and STD/HIV prevention norms of teens in their community?

6. How can teenage norms towards sexuality and STD/HIV prevention be influenced toward being more responsible?

7. In general, do teenagers in your community understand how serious STD/HIV are among teens? (Ask a few of your friends about this to get an idea of the accuracy of their belief. Use the information in STD/HIV FACT #1 in the student manual for information about the STD/HIV problem among teens.)

8. Do sexually active teenagers in your community understand their risk of becoming infected with STD/HIV? (Ask a few teenagers whether they believe that sexually active teens understand their risk for STD/HIV. Use the information in STD/HIV FACT #1 in the student manual for information about the STD/HIV problem among teens.)

STUDENT WORKSHEET 6

Risky Behaviors and Prevention Methods

Part A: STD/HIV Transmission

Directions: Indicate your answer for each statement by marking an "X" over the chosen answer. If you are not sure of the correct answer, mark the question mark (?).

CAN A PERSON BE AT RISK FOR ACQUIRING STD/HIV FROM THE FOLLOWING:

1.	Dry kissing?	yes	no	?
2.	Giving oral sex?	yes	no	?
3.	Receiving oral sex?	yes	no	?
4.	Having vaginal intercourse?	yes	no	?
5.	Giving anal intercourse?	yes	no	?
6.	Receiving anal intercourse?	yes	no	?
7.	Having more than one sex partner?	yes	no	?
8.	Having sex with anyone at increased risk for having STD/HIV?	yes	no	?
9.	Mutual or self masturbation?	yes	no	?
10.	Sharing injecting drug needles and syringes?	yes	no	?
11.	Giving blood?	yes	no	?
12.	Having a blood test?	yes	no	?
13.	Getting a tattoo or body piercing from unsterilized equipment?	yes	no	?
14.	Ordinary touching of someone infected with STD/HIV?	yes	no	?
15.	Being near someone sneezing, coughing, or spitting?	yes	no	?
16.	Attending school or public events with someone infected with STD/HIV?	yes	no	?
17.	Using someone else's comb or make-up?	yes	no	?
18.	Using someone else's dishes or eating utensils?	yes	no	?
19.	Being bitten by mosquitoes or other insects?	yes	no	?

Part B: STD/HIV Prevention and Risk Reduction

Directions: Indicate your response for each statement by marking an "X" over the chosen answer. If you are not sure of the correct answer, mark the question mark (?).

CAN A PERSON REDUCE THE CHANCES OF BECOMING INFECTED WITH STD/HIV BY:

1.	Not having vaginal or anal intercourse (sexual abstinence)?	yes	no	?
2.	Not having oral sex?	yes	no	?
3.	Having sexual contact only with an uninfected partner who does not have other partners (mutual sexual exclusivity)?	yes	no	?
4.	Using latex condoms (rubbers) during oral, vaginal, or anal sex?	yes	no	?
5.	Avoiding exchange of "pre-cum", semen, vaginal fluids, or blood during sexual contact?	yes	no	?
6.	Not having sexual contact with a person who uses injecting drugs?	yes	no	?
7.	Not having sexual contact with a person at risk for having STD/HIV?	yes	no	?
8.	Not having multiple sex partners?	yes	no	?
9.	Not sharing injecting drug needles and syringes?	yes	no	?
10.	Urinating after sexual intercourse?	yes	no	?
11.	Douching after sexual intercourse?	yes	no	?
12.	Taking birth control pills?	yes	no	?

Part C: Assessing Own STD/HIV Risk

Directions: Briefly indicate your present risk for STD/HIV. If you are worried that someone might see your answer, just think of your response but don't write it down.

STUDENT WORKSHEET 7

Choosing Abstinence

Directions: List the responses to each of the questions below.

1. What are the reasons for choosing sexual abstinence?

2. What are the benefits of sexual abstinence?

3. Describe the issues affecting a teenager's decision to be sexually abstinent.

4. Describe the challenges of being sexually abstinent.

5. How can one be close to someone without having sexual contact?

6. How can one plan to be sexually abstinent?

7. Name the types of persons or groups that can support a teenager's decision to be sexually abstinent.

STUDENT WORKSHEET 8

Dating and Avoiding STD/HIV

Directions: List the responses to each of the questions below.

1. What is the meaning and role of sexuality in life?

2. Name the types of sexual boundaries (limits) a dating couple can establish for their relationship?

3. Describe how a couple decides on the sexual boundaries in a dating relationship.

4. What factors must a person consider when deciding whether to have sexual intercourse with someone?

5. What types of situations and circumstances make it difficult for a dating couple to stick to their chosen sexual boundaries?

6. Describe how a dating couple can maintain their sexual boundaries.

7. How does one get out of a relationship in which an agreement on sexual behavior cannot be reached?

8. Name what type of person and/or group that can help a dating couple decide on a sexual boundary and adhering to it.

STUDENT WORKSHEET 9

Resisting Negative Peer Pressure

Part A: Resisting Pressure

Directions: Provide answers to each of the questions below.

1. In what situations might a teenager be more likely to face negative peer pressure?

2. What pressures do teenagers face to have sexual intercourse or to use injecting drugs?

3. How can a person stand up for her or his values against risky behaviors? And, how can the person do this while trying to remain friends with someone?

Part B: Countering Risky Situations

Directions: Write what a person should say to resist the negative peer pressure in the two situations below.

SITUATION 1 You and your best friend attend a school party. A lot of alcohol and drugs are being used. You didn't realize that the party would be like that. You see things going on that are against your values. But, the people at the party try to pressure you to join them in their drug and alcohol use.

YOUR RESPONSE:

SITUATION 2 You have been dating one person for a long time and are considering having sexual intercourse with that person. Some of your friends criticize you for not "going all the way" with your partner. They say that people dating that long should be having sex. They pressure you to "sleep" with your partner.

YOUR RESPONSE:

Part C: Practicing Resistance to Pressure

Directions: This activity involves three students. Two students act out the situation: one pressures and the other resists the pressure. The third student uses the form below to evaluate how well the second student resists. Rotate the roles so that each student plays each role once.

SITUATION 1 You have been dating someone and have done some kissing and sexual touching, but have not had sexual intercourse. Your partner is trying to convince you to have intercourse. However, you don't want to become that sexually intimate.

SITUATION 2 Your close friends are experimenting with injecting drugs. They are pressuring you to try them too. But, you are worried about drugs affecting your health. You don't want to try them.

SITUATION 3 You and your partner have decided to have sexual intercourse and you believe that the condom should be used. However, your partner does not want to use condoms and tries to convince you to have sexual intercourse without using them. You don't want to take the risk.

EVALUATION FORM

Situation Number_____
Resister_____
Evaluator_____

Did the resister...	**YES**	**NO**
1. State the "no" decision clearly?	____	____
2. State why she/he refuses to take the risk?	____	____
3. Sound firm when talking?	____	____
4. Repeat "no" if necessary?	____	____
5. Take action, like leaving the scene or refusing to discuss the situation?	____	____
6. Suggest an alternative activity?	____	____

STUDENT WORKSHEET 10

Confronting Injecting Drug Use

Directions: Provide answers to each of the questions below.

1. Do healthy people use injecting drugs? Explain.

2. Why do some people use injecting drugs?

3. How would a person's life change from using injecting drugs?

4. What are ways of having fun without using injecting drugs?

5. What can be done to help teenagers avoid injecting drugs?

STUDENT WORKSHEET 11

Talking About STD/HIV Prevention

Many teenagers lack adequate skills in talking about STD/HIV prevention with potential sex partners. Unfortunately, there are not many good models for them to follow. Most young adults have not observed a couple talking about prevention. It is important that any concerns about infection be discussed with a potential sex partner before deciding whether to begin any sexual touching.

Situation: Ty and Jasilyn began dating recently and have physical feelings for each other. Both suspect that they will become sexually involved soon with each other and are concerned about possible STD/HIV infection. However, neither one has mentioned the concern to the other.

Part A: Role Play

Directions: With one other person in the class, practice talking about STD/HIV prevention using the above situation. Either Ty or Jasilyn gets the conversation started.

Part B: Communication Issues

Directions: Provide answers to the questions below.

1. Describe how to get a conversation about STD/HIV prevention started. That is, how can a person begin to express concerns about possible exposure to STD/HIV?

2. Identify the issues that must be discussed. Suggest some ways the issues can be handled.

3. One option is to not have sexual intercourse. What can a person say and/or do to be sure intercourse does not occur?

4. If Ty and Jasilyn decide to have sexual intercourse, what should they discuss? How does one partner insist that a latex condom be used?

5. When and where should teenagers discuss STD/HIV prevention?

Part C: Role Play

Directions: You may want to repeat the role play using information you discussed in Part B.

STUDENT WORKSHEET 12

Telling a Partner About an STD/HIV Infection

Some young adults may not know how to tell a sex partner that he or she might have an STD/HIV infection. An example of what one person said is given in STD/HIV FACT #5 on page 55. However, there are other possible ways of talking to a partner.

Situation: Dane just learned that he has an STD and has been medically treated. He wants to tell his partner, Nicole, that she might be infected and she should get medical care too.

Part A: Communication Issues

Directions: Without looking in the book, think of one or two examples of what Dane might say to Nicole in his discussion with her.

1. What could Dane say to get the conversation started? That is, how could he begin?
   a.

   b.

2. How could he tell Nicole that he has an STD?
   a.

   b.

3. How could Dane tell Nicole that she might also have the STD?
   a.

   b.

4. How could he encourage her to get help?
   a.

   b.

Part B: Script

Directions: Combining some of the above ideas, write a short script of Dane's talk with Nicole.

Part C: Communication Setting

Directions: Describe good times and places for a teenager to tell a sex partner about an STD infection.

Part D: Role Play

Directions: With one other person in your class, practice talking with someone about having an STD and getting medical help. Use the ideas from above. Take turns with one person being the talker and the other being the listener.

STUDENT WORKSHEET 13

Barriers to Condom Use

Directions: Provide answers to each of the questions below.

1. Name the barriers to condom use, or reasons why, more sexually active teenagers do not use condoms to reduce the risk of STD/HIV?

2. Do teenagers in your community have accurate information about condom effectiveness for STD/HIV prevention? Explain.

3. Are teenagers in your community taught how to use condoms correctly? Should this information be given to teenagers?

4. Where can teenagers in your community get condoms?

5. Where can teenagers get more information about condoms?

6. What can be done to increase the number of sexually active teenagers using condoms consistently and correctly?

STUDENT WORKSHEET 14

STD/HIV Support and Help Sources

At times, each of us may need to talk with someone or seek help concerning important issues in our lives. We may want to receive information, want to discuss feelings, values, or decisions that need to be made, or we may want some health care. Also, we may want someone to help us resist pressure to do something against our values. Parents, other trusted adults, or your peers make up your personal support system. These people can encourage you to avoid STD/HIV risk behaviors and support you when you practice a responsible, healthy lifestyle.

Part A: Support/Help Issues

Directions: Provide answers to the questions below.

1. Who might be able to help you locate STD/HIV information, counseling, testing, or other help?

2. Recall a past incident when you used your personal support system. What was the issue? Who did you turn to? How did the person or persons help?

3. For the future, who will make up your support system?

4. What issues related to STD/HIV prevention can your support system help you resolve?

5. If someone asked you for help, what could you do?

Part B: Using the Telephone Book and Internet

Directions: (1). With another person, locate the local health department in the telephone book. After you find the number, write it here _____ and on the form on the inside back cover of the student manual, if it is yours to keep.

(2). Using a computer that has Internet access, locate American Social Health Association website for teenagers, www.iwannaknow.org. Describe the features of this information service here.

Part C: STD/HIV Testing

Directions: Provide the answers to the questions below.

1. Sometimes, people are not sure they should get tested for STD or HIV. Name the circumstances in which a person should consider getting counseling and testing.

2. What are the obstacles to getting STD/HIV counseling and testing? How can the obstacles be removed?

3. **Role Play:** Imagine you are trying to persuade another person to get STD/HIV counseling and testing. Create a convincing statement and practice using it with an imaginary partner who is not sure testing is necessary.

STUDENT WORKSHEET 15A

STD/HIV Problem Situations

DESCRIPTION OF PROBLEMS

1. Travis and Qiana began dating recently. Both have heard about the serious health problems caused by STD/HIV. They agree that they don't want to get an STD.

2. Brandon hasn't had sex with anyone, but he shares needles when he uses injecting drugs with his friends. Since reading that HIV can be passed by sharing injecting drug needles and syringes, he wonders if he may have contracted the virus.

3. Felicia occasionally has sex when she dates guys and has recently become more worried about getting an STD/HIV infection. She wants to be alert for any possible infection but does not know how to recognize an STD/HIV.

4. Saher thinks he has an STD. He realizes that having an STD can cause serious health problems, especially if it is not treated quickly. But, he is scared and does not know what to do. He is worried that his parents will be told.

5. Portia wonders if she has been infected with HIV. She wants to get a test but does not want to go to her family doctor. Portia is worried that the test results may not be confidential. She does not know where to get the test.

6. James develops symptoms of an STD. He decides to go to an STD clinic. He's diagnosed with an STD. James wants his last sex partner to get treatment too, but he doesn't know her name or where she lives. He doesn't know what to do.

STUDENT WORKSHEET 15B

STD/HIV Problem Situations

ANSWER SHEET: Check problem this worksheet addresses: ____1 ____2 ____3 ____4 ____5 ____6

Solving problems involves a series of steps. These steps make up the decision making process and the discovery of the best solution to a problem. This activity asks you to use the major steps in solving an STD/HIV problem.

Directions: After reading the problem given on Worksheet 15A, answer the questions below. Use a separate copy of this form for each problem.

1. What is **THE PROBLEM?**

2. What are **THE IMPORTANT FACTS** about the situation?

3. What are **THE POSSIBLE OPTIONS?**

4. What is **THE BEST SOLUTION?**

STUDENT WORKSHEET 16

Internet STD/HIV Advice Council

Pretend that you and other students make up a school Internet STD/HIV Advice Council. People send e-mail letters to your council about personal problems related to STD/HIV. The council suggests a solution to each problem and publishes the question and suggested response on the website and/or in the school newspaper.

Directions: On another piece of paper, give your advice for solving the problem on each letter below. There is nothing written for letter seven. If your teacher asks, create a letter that reflects another STD/HIV problem for your or your friends. Then, provide a solution to the problem.

Letter 1

Dear STD/HIV Advice Council,

Some of my friends are pressuring me to do things I don't want to do. Some of the things might cause me to get an STD. I'm afraid that if I don't give in, they will stop being my friends. I want to keep their friendship, but I also want to keep my values. What should I do?

- Pressured Pamela

Letter 2

Dear STD/HIV Advice Council,

Chi-Huang and I have been dating for about a month and he has been trying to persuade me to have sexual intercourse. He says that he loves me and that, if I loved him, I would want to have sex too. Even though I really like him, I don't feel that I am ready for intercourse. Besides, I don't want to take a chance of getting an STD or becoming pregnant! I'm not sure if he has other girlfriends. How can I refuse his pressure so that he won't dump me?

- Not-ready Naoki

Letter 3

Dear STD/HIV Advice Council,

Because of the newspaper and televison reports about STDs, especially HIV/AIDS, I've been very afraid of getting an STD. My girlfriend and I have sex with each other only, and we don't use injecting drugs. What's my chance of getting an STD likes HIV/AIDS?

- Afraid Antonio

Letter 4

Dear STD/HIV Advice Council,

I've been dating a girl for 2 months. Sometimes we have sex. I think that my girlfriend might be having sex with other guys, but I'm not sure. I'm afraid that she might get an STD and then give it to me. I sure don't want an STD. What should I do?

- Worried William

Letter 5

Dear STD/HIV Advice Council,

I've been having sex with some different people. Lately, I've started to worry about getting an STD. If I ever get an STD, I want to know right away. How will I know if I get one?

- Concerned Carlos

Letter 6

Dear STD/HIV Advice Council,

I just found out that one of my close friends has HIV. My friend needs me now, but I'm scared. I'd like to give him a hug and hold his hand. Can I get the AIDS virus by being too close to my friend?

- Scared Shilpa

Letter 7

Dear STD/HIV Advice Council,

STUDENT WORKSHEET 17

What If . . .

Many teenagers face situations dealing with STD/HIV. The situations may be related to STD/HIV risk behavior and prevention, or other private or public STD/HIV issues. Thinking about what you would do before a situation arises is helpful.

Directions: Indicate what you would do for each of the situations below.

1. WHAT IF a friend became infected with an STD, for example, gonorrhea? . . . with HIV?

2. WHAT IF you were assigned to sit next to an HIV-infected person in a classroom?

3. WHAT IF your dating partner pressured you to have sexual intercourse against your wishes?

4. WHAT IF your dating partner refused to talk about STD/HIV prevention even though both of you agreed to have sexual intercourse?

5. WHAT IF your sex partner refused to use a condom for sexual intercourse?

6. WHAT IF a sex partner informed you that he/she just learned that he/she was infected with HIV?

7. WHAT IF you suspect that you have an STD?

8. WHAT IF you were diagnosed with having an STD, for example, genital herpes? . . . or HIV?

9. WHAT IF you had to inform a sex partner that he/she might be infected with an STD?

10. WHAT IF some of your friends pressured you to use injecting drugs?

STUDENT WORKSHEET 18

Unanswered STD/HIV Questions

Directions: Using the space below, record any unanswered questions concerning STD/HIV that arose during the unit. Contact the American Social Health Association for the answer, placing it in the space provided. Use additional sheets if necessary.

American Social Health Association:
* CDC National STD and AIDS Hotline at 1-800-227-8922
* Internet site for teenagers: iwannaknow.org. Use the *Ask the Expert* service.

1. UNANSWERED QUESTION:

   Answer:

2. UNANSWERED QUESTION:

   Answer:

3. UNANSWERED QUESTION:

   Answer:

STUDENT WORKSHEET 19

Students as STD/HIV Prevention Educators

Directions: Provide the information requested below before presenting the STD/HIV lesson. Consult with your teacher for suggestions on how to organize and present your lesson.

LESSON PLAN

Topic:
Date:
Presenters:

Audience:
Location:

I. OBJECTIVES:

II. CONTENT OUTLINE:

III. LEARNING ACTIVITIES:

IV. NECESSARY MATERIALS:

V. EVALUATION:

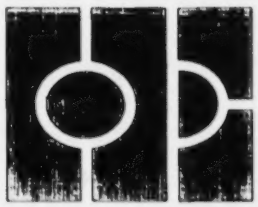
About the Author

Dr. William L. Yarber is a professor of applied health science and adjunct professor of gender studies at Indiana University, Bloomington. He is also senior director of the Rural Center for AIDS/STD Prevention and research fellow at The Kinsey Institute for Research in Sex, Gender, and Reproduction. He is a former public high school health science and biology teacher, and has also taught at Purdue University and the University of Minnesota.

Professor Yarber has published extensively in scholarly and scientific journals concerning HIV/STD education and sexuality-related risk behaviors of adolescents and other young adults. He published the school curricula, *Looking into AIDS; AIDS: What Young Adults Should Know;* and *STD: A Guide for Today's Young Adults.* He is co-author of one of the most widely used college human sexuality textbooks. Dr. Yarber also has received numerous federal and state grants to support his curriculum development and research.

Professor Yarber is a past president of the Society of the Scientific Study of Sexuality and chair of the board of directors of the Sexuality Information and Education Council of the United States. He has received the President's Award for Distinguished Teaching and the Graduate Student Outstanding Faculty Mentor Award at Indiana University and the American Association of Health Education's Scholar Award. Professor Yarber has also received the American Social Health Association Research Council Award for outstanding research on adolescent sexuality. Dr. Yarber has presented papers at numerous national and international conferences, and has conducted workshops on AIDS and STD education for school districts and professional organizations in the United States and other countries.

This curriculum is dedicated to Margaret, Brooke, and Jessica.



American
Association for
Health Education

An association of the American Alliance
for Health, Physical Education, Recreation and Dance

RURAL CENTER for
AIDS/STD PREVENTION

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